Clinical Lecture
ON
THREE CASES OF SCURVY SUPERVENING ON RICKETS IN YOUNG CHILDREN.

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THE outbreak of scurvy during the late Polar Expedition, on which it had so disastrous an influence, has specially associated the disease in the public mind with an arctic climate. The amateur pathology of naval officers has, moreover, been directed to show that scurvy is not dependent upon any defect of diet, but essentially connected with extreme cold, prolonged absence of sunlight, and severe physical exertion. Yet scurvy in its most severe and typical form breaks out in tropical climates as well as within the Arctic Circle, and under the full glare of a summer sun as well as in the protracted gloom of a six months' night. Cold and darkness and fatigue may favour its development, but that is all. They are not invariable factors in the production of the scorbutic condition. There is, however, an invariable factor, without the presence of which all other casual and irregular factors are powerless to set up the disease. This essential factor, it has been proved over and over again, is the absence of certain elements in food. If the body is deprived of these elements, the scorbutic condition is produced. What these elements are has not yet been absolutely settled with scientific precision, but we know positively that they exist in fresh vegetables, in lime-juice, in milk, and in less considerable degree, perhaps, in some other fresh animal foods. Dr. Baly suggested that the essential elements consisted of the organic acids, such as the citric, malic, and tartaric acids, which exist plentifully in fruits and vegetables of the most powerful antiscorbutic virtue. Later Dr. Garrod found that these acids pure and alone, separated from the fresh fruits and vegetables which yield them, and the alkaline bases with which they are combined, possess no antiscorbutic properties, and he essayed to show that potash was probably the essential ingredient. This hypothesis fails, however, for many substances rich in potash, such as beef-tea, for instance, possess little or no antiscorbutic power. Dr. Buzzard upon this put forward another hypothesis founded upon the facts that both the organic acids and potash are found largely in all the best antiscorbutics—viz., that neither alone, but a combination of the two together, constituted the essential element. This theory has been further developed by Dr. Ralfe, physician to the Seamen's Hospital at Greenwich, who has recently investigated the subject clinically and experimentally. The results of these observations have been published in THE LANCET, and throw much fresh light upon the physiologico-chemical effects of a scorbutic diet upon the condition of the urine, and presumably therefore upon the blood also. The primary change in scurvy Dr. Ralfe believes to be "a general alteration between the various acids, inorganic as well as organic, and the bases found in the blood, by which (*a*) the neutral salts, such as the chlorides, are either increased relatively at the expense of the alkaline salts, or (*b*) that these alkaline salts are absolutely decreased. The primary change, therefore," he concludes, "is a chemical alteration in the blood, consisting essentially in a diminution of its alkalinity." This condition produces dissolution of the blood-corpuscles, and fatty degeneration of the muscles and the secreting cells of the liver and kidney, just as in experiments on animals a similar condition is produced by injecting acids into the blood or feeding them with acid salts. The change must affect other tissues also, such as those of the bloodvessels, which become fragile and easily rupture, and the mucous membrane of the gums, which swells and softens. With regard to this hypothesis, I may remark that, whether ultimately confirmed or not, it seems to explain not only why fresh vegetables are antiscorbutic by virtue of the alkaline salts which they contain, but also why salted provisions, although not essential to the production of scurvy, by the neutral salts which they contain, favour so powerfully the development of the scorbutic state.

This relation between the nature of the food ingested and the production of scurvy, and the absolute power of prevention exercised by the presence of certain elements of food in the diet, have lately been in some danger of being overlooked, or at any rate greatly underestimated. Three cases of scurvy which I have lately met with appear to me especially significant and instructive at this juncture, since they exhibit the development of the disease under the simplest conditions. Most of the surrounding influences which exist in the ordinary circumstances under which scurvy is developed, and which complicate the question of its genesis, were absent. The subjects were all children, from sixteen months to three years old. There was no protracted exposure to great cold or prolonged darkness; no severe and exhausting physical exertion. All the conditions of existence were fairly normal and healthy, with the single exception of diet. In the most extreme case of the series, indeed, the general conditions of life, apart from this, were unusually good; the others were fully up to the average amongst the poor. The one defect present in each instance, the common factor of disease, was a deficiency in certain essential elements of food.

CASE I.—For the first case I am indebted to my friend, Mr. W. A. Sumner, with whom I saw it on the 12th of January last, and who has kindly supplied me with the chief particulars of its history and subsequent course. The patient, G. S——, aged sixteen months, was the first child of well-to-do parents of the middle class, living in a healthy part of St. John's-wood. At the time I saw the child he presented a very striking and extraordinary aspect. Dark-red, soft, and gelatinous masses protruded from the mouth between the lips, and gave the child the appearance of being engaged in sucking pieces of raw flesh. On examination these projections were seen to be the gums swollen to this extreme degree, soft, spongy, and bleeding. The mucous membrane of the mouth was spongy and swollen also to such an extent that it was almost in contact with the tongue as it lay on the floor of the cavity. The breath was extremely offensive, the legs œdematous, the skin harsh and unhealthy-looking, the complexion sallow and anæmic. The limbs were tender on being handled, the muscles flabby, but no muscular or periosteal swellings could be detected. The child was muscularly so feeble that it could not sit up, but fell over immediately when placed in an upright position. It was exceedingly rickety, the fontanelle widely open, the ends of the long bones enlarged, the ribs beaded, and the walls of the thorax falling in deeply with each inspiration, which was laboured and stridulous.

I learnt that the child was apparently healthy when born, the parents being also healthy, with the exception that the mother had suffered from some uterine affection before marriage. The baby had been fretful for the first few months, but, on the whole, kept very well until it was about ten months old—i. e., about six months previously, when it began to be weakly. For the first three months of life it had the breast, with some Swiss milk in addition after the first five weeks. At the end of three months oatmeal gruel made with water was substituted for the condensed milk, which the mother thought did not agree with the child; but she continued to suckle it as before. The breast-milk and the oatmeal and water were thus continued together until the sixth month, when the child was completely weaned. From this date it had no more milk of any kind for the next four months—i. e., from the time it was six months old until it was ten months, it was kept entirely on oatmeal and rusks. At ten months old a little mutton-broth was given in addition, because the child appeared to be growing weakly, and this diet was maintained without any change until the fourteenth month, at which period the child was first seen by Mr. Sumner. From the sixth month then, when the child was weaned, until it was fourteen months old, or for a period of eight months, it had no milk, no meat, no potatoes—nothing but oatmeal, rusks, and water, with a little mutton-broth. Its chief food was the oatmeal, which the mother considered the most strengthening. I think there need be no wonder that the child grew rickety and more and more feeble, until Mr. Sumner was called in at fourteen months, when he found the gums had begun to swell, and a state of scurvy had fairly set in. Chlorate of potash and bark were prescribed, and subsequently the syrup of iodide of iron. The swelling, however, increased,

with occasional hæmorrhage from the mouth, and alum and glycerine were applied to the gums locally. This failed to have any effect. The swelling of the gums still got more and more excessive, until the whole of the soft parts of the upper and lower jaws seemed to be involved, and the bleeding became more profuse. The treatment was then changed to the perchloride of iron and cod-liver oil internally, and glycerine of tannin was applied to the spongy excrescences. The local application speedily reduced the swelling to some extent, but the child grew weaker in spite of the iron and cod-liver oil, and was unable to sit upright. The feet and legs began to swell, and there was much dyspnœa, stridulous respiration, especially during sleep, occasionally developing into the paroxysms of laryngismus.

Such was the history of the case up to the time of my visit, and it threw abundant light upon the nature of the affection from which the child was suffering. It had been enfeebled by no exhausting disease or wasting fever. All the conditions of life under which it was placed were healthy, except that of diet. It was well nursed, well clothed, lived in airy well-ventilated rooms in an open healthy situation. It had also had food in ample *quantity;* but the *quality* was clearly defective. For eight months, with the exception of some broth occasionally, it had been limited to one kind of food only—viz., farinaceous food. That it would become rickety on such a diet might have been foretold with absolute certainty. The diet was, however, more than a rickety diet—it was a *scurvy* diet. It comprised neither milk nor fresh vegetables nor fresh meat; milk is an excellent antiscorbutic, fresh vegetables are an absolute specific against scurvy. The disease, moreover, rarely breaks out on an abundant fresh meat diet. Most children get a certain amount of milk, at any rate, until they become old enough to take more solid food, and then they usually have a little meat or gravy, and almost invariably potatoes, in addition to the staple farinaceous food, and their diet is thus rendered antiscorbutic. But in this case the child was deprived of all these usual antiscorbutic elements, both the milk of earlier life and the potatoes of the later period, and scurvy followed accordingly. The treatment consisted in substituting new milk with rusks for the oatmeal and water, the milk being given in small quantities at first on account of its being stated not to have agreed previously, and gradually increased to the full allowance of two pints in the twenty-four hours. In addition to this a tablespoonful of raw meat very finely minced and sweetened with a little sugar was ordered to be given every day. The cod-liver oil was continued, with steel wine and glycerine, and, in addition, five grains of bromide of potassium with a view of relieving the laryngismus. The child was also directed to be sponged every morning with tepid—almost cold—water.

The result of these measures has proved highly satisfactory. Mr. Sumner writes to me under the date of the 7th of March:—"The child is decidedly improving. Sponginess of the gums has completely disappeared, and he can sit up now without any inconvenience;" and later, "Since you saw him the child has greatly improved. The fontanelle is all but closed; the swelling &c. of the gums have entirely disappeared, so that I have for a long time discontinued the tannic acid. The spine is straighter and firmer, and he can sit upright, and even move about the floor, though not as yet able to stand. I have had partially to discontinue the bromide, as the skin became irritated. He has more or less continued the diet you recommended, and I have now allowed his parents to take him to Margate to try the effect of salt-water bathing." I have since learnt that the child is running about thoroughly strong and well.

CASE 2.—A. S——, aged sixteen months, was admitted into the Children's Hospital, Great Ormond-street, on March 9th, 1877. His legs were swollen and œdematous, the gums were swollen and projected as dark-red, spongy excrescences between the lips. They were stained with submucous hæmorrhages, and bled on the least touch. Some hard swellings could be felt deeply seated in the flesh of each thigh, and the shafts of the long bones felt enlarged and swollen. One of his swellings was attributed to a blow four months before. The skin looked muddy and unhealthy, but there were no ecchymoses there. There were however, two unhealthy-looking superficial sores, one on the right wrist and another on the forefinger. The legs were highly œdematous and swollen. The child was fretful and irritable, and disliked being handled, there being evidently general tenderness. The temperature was below the normal—viz., 97·2°. The urine contained a small quantity of albumen. The history obtained from the mother was as follows:—The child was the youngest of seven, two of whom had died, one while teething, and another from wasting and diarrhœa. The other surviving children were said to be "weak at the chest," but none affected in the same way as this. The parents lived in fair comfort, in healthy quarters at Hampstead. The child was born healthy, but had always suffered from cold feet and hands. He was brought up entirely by hand, the mother stating that until the time he was ten months old he had a quart of milk to himself. Then he began to take bread and Dr. Ridge's food, with a share of a pint of milk, which served the whole family of seven. The child has had no meat, would not eat potatoes and gravy, and thus he had lived solely on bread, with a little butter, and this small quantity of milk for the last six months. Ever since birth he had had double otorrhœa. When four months old there was an attack of diarrhœa, and about this time he brought up about a teaspoonful of blood five or six times. About three months ago—i. e., when the child was thirteen months old and had been three months upon the bread and water diet—red lumps appeared on the gums, about the double teeth, some of which he was cutting, and a little later the legs began to swell. The spongy excrescences of the gums increased, and about four weeks ago they began to bleed freely, so as to saturate three or four handkerchiefs a day.

The case was clearly, like the preceding, one of scurvy supervening upon rickets, both conditions being due to deficiency in certain important elements of food. As before, diet had not only been a rickety diet, but a scorbutic one also.

The treatment consisted in a full allowance of milk, with mashed potatoes beaten up in milk, raw meat, and the juice of two oranges. A mixture, containing one grain of citrate of iron and quinine, with a drachm each of syrup and lemon-juice, was given every four hours. The gums were ordered to be freely painted over, three times a day, with a solution containing fifteen minims of glycerine of tannin to the ounce.

The food was taken very well with the exception of the orange-juice, and in three days' time the gums began to look more healthy; the hæmorrhage ceased; the legs were less swollen. Two days later, or on the fifth since admission, the urine became free from albumen, which never returned. On the eighth day the swelling of the gums had quite gone down, there having been no hæmorrhage since admission, but there was still slight œdema of the feet. The temperature remained always below the normal, varying from 97° to 98°F., except on the day after admission, when it reached 99·5° F. in the evening.

The general health and condition of the child improved in a most remarkable degree; its skin became more natural, its lips gained colour, and it increased in weight rapidly, gaining 3 lb. in less than three weeks—a very large increase considering its small original weight for a child of that age. When weighed a week after admission it was 16¼ lb.; in seventeen days it weighed 19½ lb.; in the next seventeen days it gained only one pound more. The recovery continued without any drawback. The skin of the swollen legs peeled off in large flakes, but there was no general desquamation. On April 19th, six weeks after admission, the child was sent to Highgate, having for some time shown all the signs of perfect health and vigour. The deep-seated swellings in the thighs and the thickening round the bones had entirely disappeared.

In the third case the symptoms were somewhat less extreme, but the scorbutic condition was unmistakable, and the diet corresponded most closely with that in the preceding cases.

CASE 3.—Emma W——, aged three years, the child of parents living in Deptford, was admitted into the Children's Hospital on April 30th, 1877, suffering from great debility, and bleeding at the mouth. On examination, the gums were found to be fungous, bleeding, and swollen to such a degree that they formed a wall on each side of the teeth, almost hiding them. This was especially prominent and fleshy at the inner part of the upper incisors, where it was about a quarter of an inch thick. The breath was offensive. There was slight but clearly-marked œdema of the ankles. There were no ecchymoses under the skin, which was muddy and unhealthy-looking, nor was there hæmorrhage from any mucous surface, except from the fungous gums. A pinch on the leg produced no bruise. The signs of

rickets were well marked, but not extreme. The ends of the long bones were enlarged, the ribs beaded, the fontanelle was not quite closed, and the teeth were decaying and many broken off short. The muscles were flabby, but there were no deep-seated swellings to be detected. The urine was free from albumen. The temperature was normal. The history obtained from the mother was that this was the second of three children, one of whom had just died from bronchitis. The father and mother were healthy. This child was suckled up to two years old, and fed on bread-and-butter in addition, with a little beef-tea. From the time of its being weaned, at two years old, its diet had consisted of bread-and-butter and tea, with occasionally German sausage, of which it was very fond, and a little brandy-and-water. It never took potatoes; never had vegetables of any kind or fruit. Never had any fresh meat or gravy; never any milk, except a very small quantity in the tea. Three months ago the child had scarlet fever, not very severely. Was only ill a fortnight, but remained weaker after the attack, and unable to use her legs properly. The gums soon commenced to swell and bleed, and for the last six weeks this has increased, having reached its height during the last three days. For the last few weeks also the left arm and right leg have been noticed to be tender to the touch, and the child has refused to have its boots on. It sweats profusely about the head at night, screams and jumps during sleep. The bowels have been rather confined, but the motions natural.

The case was one of scurvy supervening on rickets, the food on which the child had been kept being a sufficient cause for the development of the scorbutic state.

The treatment consisted in a diet of two pints of milk, potatoes mashed and broken up with milk, and raw meat. Three grains of citrate of iron and quinine and a drachm each of syrup and of lemon-juice were given every six hours. The gums were ordered to be well brushed over three times a day with a solution of glycerine of tannin and glycerine of carbolic acid, fifteen minims of each to the ounce.

On the 5th of May, the sixth day since admission, the gums were already decidedly less swollen, and bled only when touched; but the child was feverish, and suffering from bronchial catarrh. By the 9th the gums had contracted to their normal size, although still a little spongy and red. The œdema had disappeared, the child improved in spirits and appearance, had gained weight, and, in fact, had quite returned to the healthy state by the first week in June, when symptoms of measles appeared, and it had to be removed from the hospital owing to the quarantine wards being not yet open.

These three cases show a remarkable agreement in their symptoms and in the conditions under which the morbid state was developed. All these children were rickety, and in all the most prominent symptoms of scurvy had been superadded to those of rachitis. In all the diet had been such as is known to produce the rachitic condition with the greatest regularity and certainty—viz., one consisting almost entirely of farinaceous food without a sufficient quantity of milk, or other food containing an adequate amount of animal oil. This I believe to be the chief essential ingredient the want of which in the food gives rise to rickets, rather than the want of mineral matter. It is known that in the diet of all these children the mineral element would be deficient also. In the first case the earthy salts in the food would be chiefly contained in the bran of the oatmeal, which would pass through undigested. In the two remaining instances the bread used would be probably of the finer kind most affected by the poor. All white bread is poor in earthy salts, and in the finest and whitest known these are at the lowest.

One of the most interesting points with regard to this series is the supervention of scurvy on this pre-existing state of rickets. Rachitis is the most common of all the morbid conditions we meet with amongst the patients of the Children's Hospital; yet cases of scurvy are extremely rare. Why did these particular rickety children out of all the number alone become scorbutic? I believe the explanation lies in the fact that, curiously enough, in each of these cases one factor usually present in the diet of children was omitted in addition to those ordinarily wanting in a simple rachitic diet—viz., *potatoes*. The common antiscorbutic element in the food of infants is milk; but after they are weaned, or if brought up by hand at an early age, the children of the poor get very little milk; it is too expensive. They soon begin to feed with their parents, and potatoes and gravy are almost invariably given them. This does not prevent them becoming rickety, but it seems to keep off scurvy; potatoes, as the late Dr. Baly proved, being an excellent antiscorbutic. The children in the present cases had no antiscorbutic. Milk was not given at all in the first case, no fresh meat, no fresh vegetable of any kind. In the other two cases a very minute quantity of milk, and that probably watered, was alone given; but no fresh meat, no fresh vegetables of any kind.

I have said that cases of scurvy are rare amongst children in large towns, and instances of the fully-developed disease undoubtedly are so. It seems to me possible, however, that the cases of ulcerative stomatitis, which are not infrequent amongst ill-nourished, neglected children, may be due to the scorbutic condition—i. e., imperfectly-developed scurvy. The foul ulceration of the gums closely resembles the condition of there parts presented by cases of scurvy where the swelling of the severest stage has subsided, and the general cachectic condition is analogous to that which exists in scorbutic disease.

ON CATHETERISM IN CASES OF STRICTURE ON PHYSIOLOGICAL PRINCIPLES.

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CASES of stricture, I need hardly say, often come under the care of the surgeon, especially in hospital practice, in which, owing to the patient's neglect, a stricture barely permeable becomes almost suddenly impervious, and the surgeon is called upon to procure a passage of some kind for the urine in the teeth of every obstacle, normal and abnormal, that can waylay his efforts and render them difficult. It is to the earlier period in this (the culminating) stage of such a case that the following remarks are designed to apply.

A man, aged twenty-eight, recently presented himself at the Great Northern Hospital during my visit. He had suffered from stricture for years; had had urethral discharge in abundance, and chronic balanitis as well. Latterly his urine had dribbled away, and, before reaching the hospital, this resource had failed him. Catheterism was attempted by skilled hands, but in vain; and as early relief was necessary, an operation was advised, but refused. On examination, he was found to have a hard, firm, and painful stricture about three inches from the orifice, for which I proceeded to use a catheter on the following principles.

1. As it is, the urethra is absolutely impervious to the passage of the catheter from a combination of causes—viz., the stricture growth engorged with mucus and blood, and rendered painful by futile catheterism; and certainly spasm. It is not, however, absolutely impassable.

2. The tightest part of the stricture is that in front.

3. The unconditional use of a catheter would, in such a state of the parts, certainly intensify the difficulty by calling into play a new source of resistance, in the form of normal muscular antagonism, to its passage—a force that is ever on the alert to oppose the enforced passage of a foreign body through the urethra into the bladder.

4. This automatic force can be brought under complete control by an act of volition, and not only so, but be made to impart to the strictured canal the greatest amount of patency and passivity of which it is capable.

5. The means to this end consist in making the patient bring the sphincters or detrusors of the bladder and urethra into a state of absolute rest by voluntarily, but gradually, calling into powerful action their antagonists, the expulsors or accelerators, and using the catheter whilst the force thus elicited is kept in a state of strain.

6. This mode of palsying the detrusors has another advantage which anæsthesia does not possess, since it assists the surgeon by employing the urine as a dilator, and thus reduces the resistance of the stricture slit.

In the case before us the method thus indicated was carried out as follows. The patient was made to stand, supported by assistants, upright against a firm support, with outstretched legs—a position I always insist upon in catheterisation, if feasible,—and being prepared with a well-warmed and oiled silver catheter (No. 4, at a venture, in this case), he was called upon to make an effort to pass

his water and to gradually increase it to the extent of his power, always under the impressed conviction that he will succeed. After straining thus for a few seconds, and being required to keep up the act until he had permission to relax it, the point of the instrument was gently insinuated into the urethra, and carried on to the stricture. By careful exploration I was soon satisfied that its point and the slight force I was using were in a line with the axis of the canal, and that the entrance of the stricture had been reached. This I *felt*, for I had contrived to slide the instrument along the floor of the passage to the furthest point I could reach in any part of the canal, and by the sense of a slight grip of its point which was given me on making a simple move of the instrument onwards, I was sure that the passage had been gained. The patient still keeping up the strain, with a very little more force the catheter passed through with the usual, not always assuring, jerk. It could not, however, be made to enter the bladder, for its course was interrupted by another stricture at the membranous part of the urethra. This I did not attempt to pass, being satisfied that if the instrument could be retained during the night, the remainder of the passage would be easily passed in the course of the morrow, for the catheter would now indirectly act as an expulsor, and therefore keep in check any renewal of action on the part of any counteracting power. The urine passed abundantly during the succeeding night, not *through* the catheter—for it contained some clotted blood, and if it had not, I should have prevented it by the use of a close-fitting stilette,—but around it; and on my visit the next day, the instrument was passed through with the help of the tip of my forefinger. A severe rigor followed the first effort, which was subdued by a glass of hot brandy-and-water and one scruple of quinine in the course of the next twenty-four hours.

The subsequent treatment has been daily catheterisation, using a larger catheter each day, and allowing it to remain a few hours on each occasion. On the seventh day a No. 8 was easily passed. I need not refer to the watchful care which is always needed in the after-management of such cases.

I have ventured to ask permission to publish this case, trusting that the principle advocated—viz., that of falling back upon physiological resources as a help in the treatment of severe cases of stricture—might meet with whatever attention it may be thought to deserve.

I may state that I insisted on this method of treating stricture in a paper published in June 1861; and that, although it called forth but little attention at the time, and I believe less since, I have not failed to employ it in every case requiring it, with invariably the like results. I have also demonstrated it in the course of hospital and private practice, so that it is not entirely without its witnesses.[1]

SOME NOTES ON

ABSCESS OF THE LIVER,

ILLUSTRATED BY CASES IN WHICH THE ABSCESS HAS BEEN SUCCESSFULLY OPENED WITH TROCAR AND CANNULA.[2]

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ABSCESS of the liver is a disease so full of interest to medical men in India that any notes of cases which tend to throw light on its treatment may well find a place in the pages of THE LANCET, which in its past volumes is singularly rich in hepatic literature.

I propose in the following notes to add additional testimony to the fact that puncturing the liver is a comparatively safe proceeding, and to suggest a new and simple modification of an old plan, in place of the aspirator, whereby the danger of opening an abscess is, it seems to me, considerably diminished.

I can well remember the first time, now many years ago, I found myself present at a post-mortem on a soldier who had died of an abscess of the liver unopened, and being struck with the comparative superficialness of the collection of pus, and how easy it would have been by a small puncture to have let it out, and thus, if not to have saved life, at any rate much mitigated the poor man's sufferings. I remember propounding at the time the query to my senior officer, the surgeon in charge, "Why could we not have put a lancet into this abscess and let the matter out?" and being answered in the following conclusive manner:—"Well, if we had, the man was sure to have died after it, and then they would have said in the regiment we killed him by the operation." This was in 1855, and I had not at that time seen Dr. Waring's admirable little book on "Abscess of the Liver," which was only published that year. Opinion has undergone much change since then on the subject of puncturing livers, but there still remains, despite the opinion of such men as Frerichs, Murchison, Waring, Ranald Martin, Cameron, Murray, and, latterly, Surgeon-Major Condon, many who look upon puncturing the liver as an operation only to be undertaken as a last and desperate resource, almost necessarily fatal. In systematic books on medicine opinions are divided, but lean rather to non-opening of abscesses. Thus, in Aitken we read:—"It is a question whether or not an artificial opening ought to be made"; and the method of two French doctors—namely, to cut down over the abscess, merely dividing the muscle and aponeurosis, dressing the wound with charpie or scraped lint, and waiting until the abscess bursts—is given as advisable. The late Surgeon-Major Lowe, of the Madras Medical Service, is also quoted as a strong opponent of opening abscesses, and his views in opposition to such practice, taken from the *Madras Quarterly Journal* of April, 1863, are given *in extenso*. Still, the article, although in the main against puncturing, has the following very candid and sensible remark:—"But we must still look to physicians of large Indian experience for information on this important subject."

Dr. Budd, in his admirable work, is clearly against opening an abscess of the liver, and thinks it best "when an abscess of the liver projects at the side, to allow it to open itself."

In the following histories it will, I think, be seen by Cases 1 and 2 that, even when none but the most ordinary precautions which any careful surgeon would take in opening an abscess in such an important region are adopted, the great bugbear—"entrance of air"—does not, as asserted by Surgeon-Major Lowe, and so feared by Dr. Budd, "invariably" take place; and the remaining cases show that if antiseptic precautions are taken, and, above all, any attempt at squeezing the abscess avoided, the simple incision by scalpel, followed by puncture with a trocar, is preferable to the forcible extraction of pus by an aspirator; and that keeping the wound open by a piece of carbolised lint is immeasurably superior to allowing the cannula to remain in, as recommended by Dr. Murchison, and so frequently practised by the older surgeons.

CASE 1 (abridged from full report given in the *Madras Journal of Medical Science*, 1861).—J. B——, a volunteer from H.M's 43 L.I. to the A Troop, Madras Horse Artillery. He suffered from symptoms of chronic hepatitis from Oct. 24th, 1859, until Nov. 25th, when he was discharged convalescent, and on the 29th sent to duty. His duty was of a somewhat fatiguing nature. He was, as stated above, a volunteer from an infantry regiment, at a time when we had lost numbers of our gunners, who elected to go home at the amalgamation of the old Company's with the Queen's troops; and the process of conversion from a foot soldier to a horse artillery-man was a somewhat rough one, entailing a good deal of riding in the school, and jolting on the limber of a gun. No wonder that we find him returning. I copy the rest of the case as it stands.

"Dec. 10th.—This man was readmitted about the 6th with all the symptoms of acute hepatitis. I was away on leave at the time. I find him to-day, on my return, pale, anxious-looking; a hot skin; pulse 92, small in volume; bowels moved, once scantily, in twenty-four hours; the hepatic region much swollen, especially in one part about two inches below the ensiform cartilage, and somewhat to the right of the median line. His gums are sore from mercury. [Let me, *en passant*, call your particular attention

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[1] Since the foregoing was penned, my friend Dr. Neale, the able editor of the "Medical Digest," has called my attention to the fact, hitherto new to me, that Mr. Le Gros Clark enunciated the same views in a lecture delivered by him in June, 1860.

[2] These notes are founded on a Clinical Lecture delivered in the Madras Medical College, which will explain the somewhat conversational tone of the paper.

to this—*his gums are sore from mercury.*] And he is now taking two grains of quinine and five grains of Dover's powder three times a day, ordered by the medical officer who saw the case during my absence. Ordered effervescing saline with half a drachm of tincture of hyoscyamus every four hours, after the action of some castor oil ordered to be taken immediately; poultices to the hepatic region; spoon diet.—11th: Had a bad night; severe cough, attended with considerable expectoration; bowels freely opened from the oil; fever continuous. To have twelve more leeches to the side, and continue the effervescing saline. From the 11th to the 17th he continued much the same; the febrile symptoms became somewhat less, but there was still considerable irritation of the system, and a palpable increase of the swelling on the right side, despite constant leeching.—17th: Pulse 100, small volume; tongue white and furred; bowels open; the swelling has increased, and one portion bulges prominently out, as if a small orange were beneath the skin. Dr. Macfarlane (the senior field surgeon) was kind enough to see the case with me, and not only agreed in the propriety of opening the abscess, but recommended its being speedily done.—18th: A small incision (above an inch in length) was made over the most prominent portion of the swelling, and the dissection carried down about half an inch, when a large-sized trocar was introduced upwards and backwards. This required to be carried about two inches and a half to three inches in depth before the abscess was reached, when about three ounces of thick laudable pus exuded. The man bore the operation well; expressed himself relieved. Pulse 96 after the operation. A bread poultice to the part; anodyne at bedtime.—19th: The piece of lint introduced yesterday to keep open the puncture was withdrawn, giving vent to about an ounce of thin brown pus; the wound looking angry and inflamed, with a suspicious blush and considerable tenderness. Pulse 100. Much thirst; a bad tongue; bowels confined. To have half an ounce of castor oil immediately; after its action to continue the effervescing saline with tincture of hyoscyamus. A bread poultice to the part. Spoon diet.—20th: Passed a good night; is cheerful and looks better this morning; skin cool; pulse 84, small volume; bowels open freely from the oil; wound lost its blush and tenderness. Continue saline and spoon diet.—23rd: Progressing most favourably. To have ten minims of dilute nitro-muriatic acid, eight minims of tincture of opium, one ounce of infusion of quassia, and half an ounce of peppermint-water, three times a day. A chop and bread pudding for dinner; two measures of wine daily.—28th: Wound healed up; no more discharge; the patient looking well and rapidly gaining colour and flesh. The side presents scarcely any enlargement, and is free from pain, even on firm pressure. The man is walking about, and takes convalescent exercise night and morning in a dhooly.—Jan. 8th: Discharged to duty."

I had this man under observation for some time after, and he continued quite well, until I left the troop.

It will be observed that the patient was operated on upon Dec. 18th, and on the 28th, ten days after, the wound "was healed up." There is also another noticeable feature: the man's gums were sore from mercury when I took over charge from my locum tenens. Mercury does not stop suppurative hepatitis—aids it I think. The old surgeons were very fond of mercury—*vide* Johnson, Annesley, Sir Ranald Martin, &c.,—and had in consequence, I think, more abscesses of liver than we have now.

CASE 2. — Appadoo, a Hindoo, was admitted into the Dowlaishwaram Civil Hospital on October 12th, 1860, with symptoms of acute hepatitis, brought on from a blow received over the hepatic region while fighting. He was subjected to the usual treatment—leeches, antimonial salines, alteratives, &c., and ultimately nitro-muriatic acid. At first he seemed to progress favourably; but, although the sympathetic fever diminished, it became evident that the hypochondrium was enlarging considerably. The fever returned, and at length fluctuation became very marked. At one point, about three inches below the end of the sternum, and in the mesial line, the skin had on pressure that peculiar pitting so indicative of matter. His appearance on Nov. 1st was this: Thin and worn; countenance anxious and indicative of suffering; pulse 130, very small volume; tongue brown and dry; great thirst; lies on his back, knees drawn up; breathing hurriedly; complaining of great weakness; impressed with the idea that he is about to die. Having been persuaded to drink a little arrack-and-water, an incision was made over the most prominent part of the swelling of about an inch or an inch and a half long. On dissecting downwards a little way and plunging in the trocar, a quantity of thin, peculiar-smelling, watery-looking matter escaped, having the appearance of congee-water, and which was upwards of sixty-five ounces in quantity. The patient bore the operation well, much better than could have been expected. Several times arrack-and-water was administered, and he was allowed to lie down whenever he felt faint. After the abscess was emptied, and while the wound was being brought together, considerable trouble was experienced from hæmorrhage from four or five small vessels, which bled most persistently, and were secured with great difficulty. This being ultimately effected, the wound was closed with sutures, a piece of oiled lint having been previously inserted into the aperture made by the trocar; a bread-and-water poultice ordered as a dressing, and a broad abdominal belt to hold things together; anodyne at bedtime.—2nd: Passed a tolerable night; was frequently at stool. Wound looks pale and gaping; continue the same dressing. Beef-tea and plenty of nourishment, with an anodyne draught after each motion.—3rd: Diarrhœa continues; looks worn and weak. Pulse 118, but of tolerable volume as compared with previous few days. Tongue dry and brown; sordes on lips; no pain. Wound shows symptoms of granulating. Abdomen tympanitic. Breathing hurried; crepitant râle and moist sounds over right lung. Ordered one ounce of port wine every hour, with one grain of quinine. To continue the draught and nourishment. Dressed the wound.—6 P.M.: Skin hot but moist. Pulse 125, full. Man more confident and cheerful. Tongue dry, but losing the rough brown appearance. On drawing out the lint from the wound there occurred an immense discharge of pale straw-coloured serum followed by flakes of thickish lymph. Dressed the wound. Ordered the port wine to be given every three hours instead of every hour, half grain of the acetate of morphia at bedtime. To discontinue the tincture of opium and aromatic spirit of ammonia, as the diarrhœa has ceased. (By measurement the discharge on withdrawal of the lint was found to be twenty-four ounces.)—4th: A good night. Patient looks cheerful. Pulse 120, better volume. Tongue inclined to moisture. Bowels only moved once during the night. Wound discharged about three ounces of very yellow pus when dressed. To have one grain of the sulphate of quinine every three hours, one ounce of port wine every two hours, beef-tea and plenty of nourishment.—5th: Not such a good night. Looks worn. Pulse thready, 118 per minute. Wound discharged, when dressed, about two ounces of pure bile, and then a small quantity of pus. To continue port wine and quinine.—6th: Better pulse, 110; discharge much the same as yesterday; pure bile, but the motions contain likewise plenty of bile.—10th: Has been progressing well the last few days; there is now very little discharge of pus, but quantities of pure bile, sometimes thin as water, at others thick as honey, but always highly coloured and with a strong, very marked bilious odour; the man getting stronger.—14th: Steadily progressing; no pus now exudes, but about two ounces of bile per diem; fæcal motions containing plenty also; is continuing his quinine and wine.—20th: The wound nearly closed; man recovering his strength and flesh; he has been taking cod-liver oil the last few days.

This man ultimately returned to his duty, which was that of a coolie on the canal works. I saw him frequently afterwards, strong and hearty, doing his work.

There are two noticeable points in the above case—namely, that puncturing a liver, even so late in the day, is better than allowing a man to die without interference. On Nov. 1st, when Appadoo was operated on, it certainly was a *dernier ressort*, and yet the man, once freed of his abscess, recovered. Had the liver not been punctured, he would have died. Secondly, the puncture seems to me, from the nature of the discharge, to have been made right into the gall-bladder, and it is just possible the whole mischief, arising as it did from a blow, in an otherwise healthy man, was from inflammation of that viscus. Dr. Budd mentions, on the authority of Annesley, Stokes, and others, that puncturing a gall-bladder is a necessarily fatal operation.

(To be continued.)

MR. ALBERT B. REES, M.R.C.S. Eng., on leaving Resolven for Swansea, has been presented with a case of surgical instruments, and his wife with a handsome silver tea and coffee service and salver.

ON MIDDLE-EAR DEAFNESS.

BY JAMES KEENE, F.R.C.S., M.R.C.P.,
AURAL SURGEON AND LECTURER ON AURAL SURGERY AT THE WESTMINSTER HOSPITAL.

THE clinical importance which attaches to disease of the middle ear, whether considered from a numerical or practical point of view, lends sufficient interest to this subject to justify me in calling attention to it.

Before entering upon the pathology and treatment of affections of the tympanum, I wish to explain my views of the physiology of this portion of the auditory apparatus, because they are somewhat at variance with those of many other writers, and because, as far as I know, these views have not yet been clearly set forth.

It is generally known that the tympanic cavity is an air-chamber communicating with the throat by way of the Eustachian tube, but a difference of opinion exists as to whether the air in this chamber is compressed, rarefied, or of equal density with the surrounding atmosphere. As upon this point seems to hinge the whole physiology of the middle ear, I may say that I believe the air within the tympanum to be in a state of compression. The peculiar curvature of the membrane of the drum appears to indicate it, and is much more easily explained in this manner than in any other. The nature of the curves presented by the membrana tympani is roughly depicted in section by the annexed diagram, and may be very closely imitated by a semi-elastic membrane stretched over the end of a tube. If the centre of this membrane is depressed, as the drum-head is by the handle of the malleus, it will assume the form of a hollow cone. The tube in this experiment being open at both ends, the air on each side of the membrane will be of equal density, but immediately this is compressed by the insertion of a piston into the open end of the tube, the membrane will bulge outwards between the depressed centre and the periphery, assuming the form presented by the membrana tympani.

Those who consider that the air within the tympanum is not of greater tension than that without account for the peculiarity of curvature by a circular thickening of the membrane at the points *a a*, which seems a less satisfactory explanation. The supply of air to the middle ear takes place during the act of swallowing; and tension, in excess of that of the surrounding atmosphere, is maintained by the valvular action of the Eustachian tube. That inflation of the tympanum does take place during the first portion of the act of swallowing can be easily shown by firmly inserting a manometer into the auditory meatus. The effect is much more manifest when the nose is closed, in which case the inflation is succeeded, during the second portion of the act of deglutition, by a rise in the column of fluid next the ear, indicating rarefaction of air within the drum. When the nostrils are free I have never observed this rarefaction, and the inflation is only slight.

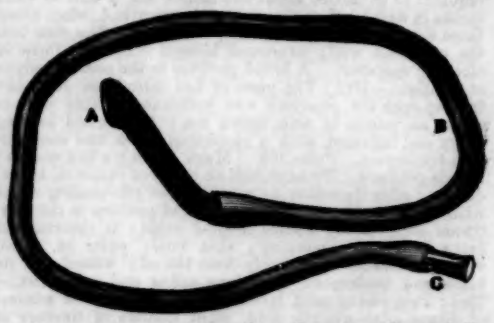
An important point in the physiology of the middle ear is that the cushion of air, maintained in a state of compression by the valvular action of the Eustachian tube, is the only antagonistic force opposed to the action of the tensor tympani muscle. This muscle, as is well known, draws the malleus inwards, depressing the drum-head, particularly at its centre, and so regulating its tension. Thus a proper balance of power between the valvular action of the Eustachian tube and the muscular action of the tensor tympani is necessary to the perfect appreciation of sound.

Applying these principles to pathology, let us suppose a condition, frequently met with, of simple obstruction of the Eustachian tube. This arrests the supply of air to the tympanum, which, as is well known, is lined by mucous membrane. Now in all such cavities absorption of enclosed air rapidly takes place, and, occurring within the tympanum, this removes the force opposed to the tensor tympani muscle, which gradually contracts as the air diminishes. As soon as the air inside the drum has become rarefied, atmospheric pressure from without depresses the tympanic membrane and carries it even beyond the limit of action of the muscle. In this way the drum-head, as well as the extremity of the malleus, comes to rest against the inner wall of the tympanum, and the air chamber is obliterated.

Such changes as these in the relation of the various parts would naturally be supposed materially to influence their functions, and in these cases we find hearing considerably diminished. If, as we are supposing, the case is an uncomplicated one of tubal obstruction, restoration of air to the cavity of the drum will likewise restore hearing, but we must bear in mind that so long as the Eustachian tube continues to resist the natural admission of air, this must be artificially supplied at intervals, or the hearing will not continue good.

As an illustration of a simple case of tubal obstruction, we may take that of a child, who, from being sharp and intelligent, is suddenly observed to become stupid and inattentive. It takes no notice when spoken to, but seems absorbed in what it is doing, regardless of anything that may be said. It has a peculiar vacant appearance, and if told to do anything, does not obey; indeed, shows no sign of desisting from any amusement in which it may happen to be engaged. It is very liable to be scolded, or even boxed on the ears, for disobedience, till the idea dawns upon those in charge of the child that it does not hear, and it is brought for medical advice.

The condition of concavity of the membrana tympani is readily ascertained and as readily relieved by an inflation with a simple tube such as is here depicted, which may be



used from the operator's mouth, or from an ordinary india-rubber bag, the end A being inserted into the patient's nose. The effect is almost magical; the expression of the child's face at once assumes its wonted intelligence, mingled with some surprise to find that it hears once more. The hearing, normally acute after inflation, begins to diminish after a time, and unless the abnormal closure of the Eustachian tube is reduced, the patient will be deaf again on the following day. By repeating the simple operation as often as impairment of function appears to demand it, and by taking such measures as are required for the relief of the swollen condition of mucous membrane in the throat, the patient will recover perfect hearing. If, however, treatment is neglected during the early stages of this affection, certain changes take place within the tympanum, which I will endeavour to explain in a future paper.

Brook-street, Grosvenor-square.

THE IDENTITIES OF CEREBRO-SPINAL MENINGITIS, DENGUE, AND YELLOW FEVER.

BY DR. CADDY,
DEPUTY INSPECTOR-GENERAL OF HOSPITALS AND FLEETS.

CEREBRO-SPINAL MENINGITIS for some years past has attracted much professional attention. The dengue, dandy, or broken-bone fever, has been ably recorded as it has appeared in the East and the West Indies, and yellow fever has steadily advanced beyond limits where once it had been maintained the disease would not display its worst features. The city of Rio Janeiro, at one time asserted to be secure from yellow fever, was, in 1876, most painfully tried by this fatal scourge. It occupies a geographical position south of the equator nearly corresponding to what the picturesque Sandwich Islands, Mazatlan on the west

coast of Mexico, and the cities of Calcutta and Hong Kong occupy north of the equator. The cities of New York and Boston, and the fortified stronghold of Gibraltar, have also experienced epidemic visitations of yellow fever; and with the progressive antecedents of this disease, the frequent steam communications with tropical and the juxta-tropical cities and towns, what is to prevent, in some period of great drought and excessive solar heat, or trying cold, cerebro-spinal meningitis prevailing, and in lowland, ill-drained, and populous districts to discover the new complications of pale-lemon tint of skin, drowsiness or stupor, incipient stiffness of the upper and lower limbs—the evidences of cerebral and spinal effusion, more or less hiccough, soon to be followed by the forcible ejection from the stomach of a coffee-ground-looking fluid, coma, and death? But with cerebro-spinal meningitis, an established disease, its symptoms and morbid appearances most accurately recorded, there is most telling evidence, in the opinions that can be consulted and the cases of yellow fever to be detailed, of the identity or consanguinity of these diseases, advising us of the advent of symptoms and terminations known as yellow fever. Dr. Fred. James Brown,[1] of Rochester, has published some well-marked cases of cerebro-spinal meningitis from the malarious low-lying districts on the banks of the river Medway. The prominent symptoms, the appearances after death, the remote effects of the disease where patients have survived, appear to me to furnish the most startling materials for reflection and comparison with recorded cases of yellow fever. Dr. Brown wrote me in January, 1876, "At the time that the severe and fatal cases occurred that I narrated there were numerous instances of mild seizures only recognisable by the practised eye, characterised by stiffness of the nucha, pains in the limbs, and distress referred to the spinal cord functions generally."

This short note from Dr. Brown explains the gradation of symptoms from the less severe to the fatal cases he had to deal with. Many years since I was attached to H.M.'s ship *Poictiers*, at Chatham, for service in the ordinary, and I had to observe amongst the residents of the low-lying cottages about Gillingham the frequent evidences of persistent ague, so that an epidemic of cerebro-spinal meningitis should find here subjects prone to imbibe any new epidemic influence. Dr. Brown records the nauseating stench during the autopsy of a case, and the escape of sero-purulent fluid from within the cranium and from the spinal canal, which morbid phenomena are to be found in yellow fever. But the careful student of epidemic history will observe in cases collectively, both mild and severe, the near relationship to the dengue, which febrile disorder has been most ably described by Inspector-General Sir William Smart, C.B., during service at the cedar-clad Bermudas, where dengue proved the forerunner of a fatal epidemic of yellow fever.[2] The depressing dengue for the time appeared to influence all other illness, and even mercurials and a too liberal use of alcoholic drinks were more than usually liable to produce their special and injurious effects on the system.

Dr. William H. Dickinson has recorded his experience of some cases of cerebro-spinal meningitis at the Children's Hospital.[3] A child even when nursed by its mother died from this disease; the autopsy explaining the tetanoid symptoms from the fulness of the vessels of the brain, the effusion into the ventricles, and the semi-purulent-looking exudation in connexion with the brain and spinal cord.

Staff-Surgeon Nelson, R.N., has published three fatal cases of cerebro-spinal or tetanoid fever, in a marine and two boys treated at the Plymouth Naval Hospital.[4] The causation of these three cases it is difficult to explain. The cerebral and spinal symptoms were very marked; the autopsies, though briefly recorded, found much congestion of the vessels of the brain and spinal cord; and the absence of semi-fluid effusions, the author thinks, was negatived in the speedy deaths of the patients.

Two cases of tropical fever terminating in serous effusion are at this time fresh in my memory, and are briefly introduced as having connecting links between diseases which, it is contended, have special identities. A young marine from H.M.'s ship *Imaum* was admitted in 1846 to the Naval Hospital, Jamaica, with the usual symptoms of endemic fever, but very sudden dyspnœa bespoke serious pericardiac effusion. I asked my superior officer to allow me to relieve the pericardium by operation, which request was not acceded to, and the man died from the watery pressure soon suspending the heart's muscular action. Of course this quick end of the case was against semi-fluid cerebro-spinal effusion and black vomit—the usual terminations of our fatal cases of fever. In 1858, at Calcutta, one of our numerous cases of fever, in a young seaman from H.M.'s ship *Pylades*, was suddenly cut short by serous apoplexy.

My recent service with H.M.'s ship *Dædalus*, at Bristol, enabled me to be present at the friendly professional gatherings of the Bath and Bristol branch of the British Medical Association, when cerebro-spinal meningitis on two occasions furnished most interesting papers for discussion, and a deep sense of duty inspired me to speak of the pathological analogies of cerebro-spinal meningitis and yellow fever.

Dr. Cole, of Bath, has published some cases of cerebro-spinal meningitis in boys and girls that came under treatment between the months of January and April with prominent tetanoid symptoms; the cases ultimately did well, some of them passing through trying periods of illness.

The yellow fever in the United States, so fatal to little children, should give very valuable materials for comparative analysis at some future period.[5]

A most full and able report of cerebro-spinal meningitis as it appeared in West Prussia in 1865, with the painful mortality of 30 per cent. of the cases treated, is on record.[6] The following symptoms will find a very near relationship in the yellow fever cases to be detailed:—"Delirium alternating with drowsiness or coma was less constant than headache, but present in most cases during the course of illness and tetanic spasm of the neck usually seen after the disease had established itself. Amongst the most enduring occurrences of the disease was excessive sensibility of the skin, and generally over the whole surface.....There was very rapid decomposition of the dead, though the weather was cold." The careful autopsies embodied in this report show the nervous centres more or less congested, effusions in the ventricles of the brain, and semi-fluid, purulent-looking effusions within the cranium and spinal canal.

Dr. John A. Liddell has had a large experience of tetanoid fever in the United States, how it attacked the young, robust, and healthy, and those ill of other disease. Another American authority (Dr. Alfred Stilles) writes, "that cold and heat have neither of them an absolute influence in the causation of cerebro-spinal meningitis, although its development is clearly favoured by cold."

Before detailing the symptoms—the autopsies of cases of yellow fever,—a few quotations will assist the subject-matter of identity. Ziemssen has defined epidemic cerebro-spinal meningitis as "an acute diffuse inflammation of the pia mater of the brain and spinal cord with deposit of a fibrino-purulent exudation, the infectious character of the disease being shown by its epidemic occurrence, the nature and mode of propagation, and by its course and lesions." Bally and Cartright assert that in almost all the cases of yellow fever in which they made autopsies, they found an inflammation of the arachnoid in the lumbar and sacral regions, with abundant serous exudation. Cartright mentions a specific alteration in the ganglia of the cæliac and hepatic plexuses, and which consists in an intense inflammation of the neurilemma. Bally based his prognosis in yellow fever on the degree of albuminuria in the second stage of the disease. (He never observed it in the first stage.) "If the quantity of albumen diminishes, the patient is advancing towards recovery; if it increases, a fatal issue is to be feared; if it is wholly wanting, convalescence takes place at once."

Two of the authorities previously quoted have selected the principal *materies morbi* of tetanoid and of yellow fever to be inflammation of membranes of the brain—its nutritive envelope, and its serous covering. But the immediate proximity of these membranes suggests it as an incomplete explanation of the causes influencing morbid lesion of either the pia mater or the arachnoid, and in not very remote autopsies of cerebro-spinal meningitis these pathological distinctions have not been so definitely insisted on. Very recent microscopic examinations by Dr. Joseph Jones, of the United States, have shown bacteria to be present in the blood of yellow fever cases, which is therapeutically important as suggestive of the liberal use of agencies destruc-

[1] Transactions of the Epidemiological Society, vol. ii.
[2] Epidemiological Transactions, 1864 and 1865.
[3] Transactions of the Pathological Society, 1868 and 1869.
[4] Brit. Med. Journ., 1876.

[5] In the month of September, 1878, 60 per cent. of yellow fever cases in New Orleans were foreigners, and 75 per cent. of the remainder were children. (THE LANCET, Oct. 1878.)
[6] Epidemiological Transactions, from the German report of Dr. August Hirsch, by R. Brudenell Carter, F.R.C.S.

tive to this low form of organism, and should the like blood-germs be found in cerebro-spinal meningitis a step of consanguinity will have been secured between this latter disease and yellow fever.

The following case, noted as "neuralgia, endemic fever superinduced," was treated in the Naval Hospital, Jamaica. Dr. E. S——, aged fifty-two, surgeon of H.M.S. *Cornwallis*, was seized whilst sitting at breakfast on Dec. 24th, 1838, with a spasmodic affection of the chest of a neuralgic character, from which complaint he had suffered some time before. He took an active purgative, and felt some relief. I visited him next morning, Dec. 25th, and found that the spasms of the chest continued, at intervals very severe. I recommended him to take some calomel and opium, a sinapism to the lower part of the chest, and a hot bath in the evening. I was sent for on the 26th, having been informed that he had passed a restless night in a state of great anxiety and nervous excitement. Apprehensive that he might be labouring under the endemic fever in its masked insidious form simulating another complaint, I examined his eyes, and found the albuginea of both eyes posteriorly deeply tinged yellow.—December 26th, 3 P.M.: Countenance expressive of great anxiety. Contractions of the features and mouth at frequent intervals from spasmodic twitchings and pain, which is now chiefly felt in the hypogastric region, and which appears to be muscular and neuralgic. No complaint of pain on pressure of the hypogastrium; a sense of tension and soreness diffused over the scalp, but no defined headache or vertigo. Albuginea of the eyes posteriorly yellow; tongue white-furred; considerable thirst; pulse moderate in frequency, small, soft, obscure, and rather weak; stomach has been irritable at intervals, at present composed; frequent change of position in order to relieve the pain of abdomen; bowels loose; has been lately rather purged. In the forenoon he was very low-spirited and desponding; at present he is more calm and composed.—27th: He rested well during the night, and had some refreshing sleep. Tongue white-furred and moist; thirst not urgent; no motion of the bowels since last report; pulse obscure, preternaturally slow; skin softer; no reference to headache or vertigo; much less neuralgic pain in the hypogastric region. 5 P.M.: Has been tranquil during the day; remission of the neuralgic pains continues; tongue cleaner; stomach composed; heat of surface less in the extremities from exposing them on the bed; circulation languid; no reference to headache and vertigo; one dark-coloured motion. Does not take nourishment in sufficient quantity; pulse more distinct, but small and weak.—28th, 6 A.M.: Had rested well during the greater part of the night; several motions, not so dark-coloured; yellow tinge of the albuginea increased, extending to the face and neck; stomach composed; skin cool and soft; pulse as at last report; countenance more placid and cheerful; free from pain; complains of great debility; tongue moist and cleaner. 11 A.M.: The yellow suffusion extending over the upper part of the body, and the symptoms of malignant yellow fever more developed since the subsidence of the neuralgic affection; tongue white-furred; prostration of strength greatly increased in consequence of his refusal to use the bed-pan and persisting in using the commode; very fastidious in taking nourishment; slight cerebral excitement, but not amounting to incoherence or delirium. 7 P.M.: Has removed the blister from the occiput without allowing it to act sufficiently; disposed to sleep; heat of the extremities returned; temperature natural; motions by bowels, with much flatus; pulse more distinct, but small; reluctant to take sufficient nourishment; complains of tenderness of the abdomen from pressure of the bedclothes, though only covered with a sheet.—29th, 9 A.M.: Visited him this morning at 3 A.M.; had rested well and had some refreshing sleep; pulse, tongue, and skin more favourable; has taken some arrowroot; extremely reluctant to take food; has had one or two motions; very talkative, but not incoherent; except the slight cerebral excitement, the general symptoms are more favourable; the blister has produced vesication. 3 P.M.: Has persisted in not taking nourishment, and must sink under this privation. 8 P.M. One alvine motion from the enema, of a slaty colour; cannot prevail on him to take nourishment or the anodyne draught; *betrays the most exquisite sensibility of the surface when touched, especially of the abdomen, although there is not the slightest sign of erythema or inflammation*; pulse more frequent and very small, and a dark streak in the centre of the tongue towards the base; heat of surface keeps up; trembling of the hands, and frequent motion of the lips, as if in prayer.—Dec. 30th, 6 A.M.: About 9 o'clock last night was seized with singultus; refused to take the sulphuric ether; would not have another enema of assafœtida; Mr. W——, the secretary, has been with him, but could only prevail upon him to take a small cup of coffee. 10 A.M.: Has had another alvine motion, slaty-coloured, without fetor; no singultus since last report; incessant moaning; muscular debility rapidly increasing; pulse at the wrist scarcely perceptible and intermitting; lower extremities becoming cold.—3 P.M.: Expired tranquilly.

Necropsy, eighteen hours after death.—Body tinged superiorly of a pale lemon-yellow colour. Yellow tint of the lower extremities very faint. Head not examined. Right lung posteriorly congested with blood. Universal adhesions of the left lung to the pleuro-costal membrane and to the diaphragm; these adhesions evidently of long standing, close and strong, and this lung much congested with bloody, frothy serum. The pericardium contained a little serum. Heart flaccid to the feel, loaded with fat at the base; its cavities not opened. Cellular tissue covering abdominal muscles very thick; omentum loaded with fat, as also most of the abdominal viscera. Mucous coat of stomach tinged of a mulberry colour, much softened and pulpy; this viscus contained about half a pint of reddish-brown fluid, obviously forming the matter of black vomit, but of a redder shade than usually observed and forming coagula-like blood, effervescing with the alkaline carbonates of soda and ammonia. Liver of a bright fawn colour; parenchyma softened. Gall-bladder contained some viscid bile of a deep brown colour, resembling molasses. Hepato-cystic and common duct free; spleen small and healthy. Mucous membrane, from the pylorus to the anal extremity of the rectum, stained of a red colour, similar to that of the stomach, but of a darker tint. The whole tract of the small and great intestine contained a considerable quantity of fluid, more resembling the matter of black vomit than that of the stomach, effervescing similarly with the alkaline carbonates. No feculent matter observed. Urinary bladder contracted, and contained some whitish-coloured fluid.

The sudden pain of the chest and of the trunk, the spasmodic twitchings of the features, the acute sensitiveness of the surface, including the scalp, evidenced the brain and spinal cord to have been seriously involved. The irritable stomach, with irregular bowels, may have been mainly due to the calomel given. Had the head been examined, the usual semi-fluid effusions would have been found.

(To be continued.)

A CASE OF LABOUR, COMPLICATED WITH OCCLUDED DOUBLE VAGINA;

FACE PRESENTATION; CRANIOTOMY.

BY JAMES ARTHUR RIGBY, M.D. LOND.

IN the spring of this year I was asked to meet Mr. Smyth, of Padiham, in the following case.

Mrs. W——, aged thirty-one years, was married in April, 1877. Previous to marriage she had always enjoyed good health, with the exception that immediately prior to and during the early part of each menstrual period she had very great pain. The catamenia were quite regular as to the time of appearance, but the discharge was exceedingly scanty, there being at each nisus a few drops only of blood. There was no history of any inflammatory or other vaginal disorder. The catamenia appeared for the last time on the 3rd May, 1877. The patient felt the first movements of the child in September, from which time till about a fortnight before the date of visit she had been fairly well; at that time she began to have great difficulty in passing water, which she could only void in driblets and while in certain positions, of which the best, she said, was in bed.

On examination, there was at first a total inability to find any evidence of a vaginal orifice, but eventually one was found along which the finger could be forced, and at the extremity of which the tip of the finger impinged upon a hard body; the finger was tightly constricted in all its length by the walls of the canal, so as to render it quite impossible to make a more effectual vaginal examination. On external examination, the pudendæ were seen to be swollen, and only the faintest trace of a vaginal orifice could

be made out. The forcible examination caused considerable hæmorrhage.

The first question was whether the woman was pregnant or not. This was decided in the affirmative on the following grounds:—Her regularity of menstruation before marriage. The fact that menstruation ceased almost immediately after marriage. Quickening occurred about the normal time. She had felt vigorous movements of the child up to the very time of my visit. The breasts exhibited the usual signs of pregnancy. The fœtus could be made out lying obliquely, with the head in the right iliac region, while its inferior parts were directed upwards towards the left lumbar region. A dense hard body, presumably the fœtal head, as has been stated, could be felt with the tip of the finger at the upper extremity of the vagina. Finally and conclusively, the fœtal heart-sounds could be heard distinctly a little below and to the right of the umbilicus.

The signs of pregnancy, then, were complete, notwithstanding the apparent improbability of impregnation having been able to be effected under such adverse circumstances. On reviewing the case, it was thought best to postpone all operative proceedings till the advent of labour, so as to have the advantage of the natural relaxation and dilatability of the parts during that time.

Two days after my first visit the woman commenced in labour. On our arrival, we found that the pains came on at tolerably regular intervals. Examination revealed that the vaginal canal was slightly more dilated than it had been at the first visit, though still rather difficult to find. No signs of the os uteri could be made out. Each examination caused the woman to bleed a little. After waiting a short time, it was deemed advisable to introduce the smallest of Barnes's water-bags; this was effected with some difficulty, and at the end of an hour one of the larger bags was introduced. On taking this out we were very much astonished and gratified at the result. The vaginal canal was now dilated to almost its normal calibre; at its upper extremity the os uteri could be felt, thin and somewhat rigid, but dilated to the extent of about two inches in diameter, while the distended membranes were projecting through it. The head was presenting. The vagina, however, could now be felt to be divided into two parts by a distinct septum running in an antero-posterior direction, the upper of which parts was in connexion with the dilating os uteri, while the lower formed a cul-de-sac in which nothing could definitely be made out. The os uteri dilated rapidly, and the membranes soon after ruptured, when it was discovered that it was a face presentation, mento-posterior. The long forceps were now applied, but, in consequence of the pubic arch being narrow, and the nature of the presentation, it was found utterly impossible to deliver with them, and craniotomy was reluctantly resorted to. The patient was delivered within four hours of the first application of the water-bags.

Remarks.—The great interest in this case lies first in the fact of impregnation occurring under such adverse circumstances, there being absolute proof that there had never been any penetration of the male organ; indeed, there was the greatest difficulty in introducing the finger, and that was accompanied by considerable bleeding. This, then, from a medico-legal point of view, distinctly proves that no degree of penetration is necessary for impregnation, and that the wandering spermatozoa must have found their way from the outside of the body, along an extremely narrow vagina, and so into the uterus.

The next point for consideration is the satisfactory manner in which the water-bags acted. They caused little or no expressions of pain, while they rapidly opened out the whole of the vaginal canal. Before their application all was chaos, afterwards order reigned supreme. We were prepared for a combined action of slight incisions with forcible dilatations, but these were rendered quite unnecessary on the application of the water pressure. It appears to me that in the above case the walls of the vagina were simply most rigidly contracted, and its cavity was further encroached upon by the membranous septum referred to. Doubtless the cavity of the uterus was also divided into two parts, one of which only was tenanted.

In conclusion, I may state that, notwithstanding the very untoward appearance of the case at first, very little doubt exists in my mind that had it been an ordinary vertex presentation, delivery might have been effected by means of the long forceps, and so a living child born.

The patient made a good recovery.

* Preston.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, aliæ quamplurimæ et morborum et dissectionum historiæ, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

SEAMEN'S HOSPITAL, GREENWICH.

A CASE OF AGUE TREATED WITH NITRITE OF AMYL.

(Under the care of Dr. RALFE.)

IN a communication to THE LANCET of January 5th, of the present year, Dr. Saunders drew attention to the effect which nitrite of amyl had, in his hands, in reducing the cold stage of ague in five or ten minutes, and the hot stage in like proportion. He stated that he had been led to the employment of this agent in the disease from a comparison of the cold stage of ague with the collapse stage of cholera and allied conditions; and he came to the conclusion that the physiological condition was practically the same in all. Dr. Saunders's communication at the same time led to considerable discussion, and much difference of opinion was expressed with respect to the theoretical views advanced by him. Without entering into this part of the question, there can be no doubt, after Dr. Saunders's positive statement, that nitrite of amyl in his hands and in those of his friends cut short the ague fit, that a further trial of the drug was called for. In the case which we now publish the cold stage was certainly arrested, and that, too, in about the period mentioned by Dr. Saunders. The significance of this fact becomes greater when we recollect that the case was one of quartan type, which of all the varieties has generally the longest cold stage. The patient himself, too, admitted that it cut short the attack. Although the case can only be taken as confirmatory evidence, still the apparently satisfactory result in the present case leads us to hope that with a more extended trial its efficacy, if only as a palliative, may be established.

For the notes of the case we are indebted to Dr. Fonmartin, house-physician.

J. J——, aged twenty-nine, a Norwegian, was admitted on September 9th. His last voyage was from the Baltic. He had, however, been an inmate of the hospital a few weeks previous to his present admission, suffering from ague of tertian type, of which this seemed to be a relapse. He was then cured with quinine. On this second occasion he had fever every two days out of three (double quartan). On the first day the access began at 1.30 P.M.; on the second day at 2 P.M.; the third day he was apyretic, and so on. Urine high-coloured, clear, acid, no albumen; sp. gr. 1025.

On Sept. 10th, at 3 P.M., a rigor set in, the temperature being 102° F. At this time one of Martindale's capsules, containing three minims of nitrite of amyl, was administered. At 3.10 P.M. the temperature reached 103°; the cold stage ceased, and was followed by sweating for two hours.

On Sept. 19th no fresh access had been noticed, but the patient complained of great weakness, and so the following medicine was ordered:—One drop of arsenical solution, two grains of sulphate of quinine, and fifteen drops of the tincture of perchloride of iron, in water, twice daily.

On Sept. 26th the patient was discharged cured.

In future Dr. Ralfe proposes to allow the first paroxysm to develop without interference, so as to gain some idea of the relative duration of the respective stages, and the better to judge the effect of the nitrite of amyl in the subsequent accessions.

MIDDLESEX HOSPITAL.

VERY LARGE OBSTRUCTED VENTRAL RUPTURE.

(Under the care of Mr. HULKE.)

THE immense size of this rupture; its protrusion, not through one of the natural openings, but at a spot weakened by a former abscess; the probable (partial) absence of a peritoneal sac; and the obstruction readily yielding to a clyster and laxative,—are the interesting points in this case.

A private nurse, aged thirty-nine, was admitted on the 6th April, 1875, into Bird ward, with an immense pendulous rupture, having a transverse horizontal diameter of 14½ inches and a vertical diameter of 11½ inches. Its very wide neck escaped through an opening in the abdominal walls above and outside the position of the internal inguinal ring. In bed, the great mass of the rupture drooped over the iliac crest and rested on the mattress at the side of her hip. Both the rupture and her whole abdomen were very tender and painful, and the latter was tympanitically swollen. In some parts of the rupture soft empty intestine could be plainly felt, and in other parts large coils of bowel plugged with fæces were very evident. No stool had been passed during eight days, and for four days she had vomited everything given to her. She said that after a confinement, five years before, an abscess formed and broke above the groin. It scarred, and, a year later, whilst exerting herself in lifting a heavy patient, a protrusion, of the size of an orange, suddenly occurred at the scar. No bandage could be contrived to efficiently restrain it, but it continued to get larger, being, however, perfectly reducible until six months before the present attack.

The existing symptoms pointing rather to obstruction from impaction of fæces than to strangulation, a large simple enema and a dose of castor oil were given. The bowels were soon very freely moved, and with this more of the hard fæcal masses disappeared from the rupture; the other symptoms ceased, and she was soon convalescent. When the rupture could be handled without paining her, a smaller pouch was detected in front of the chief mass of the swelling. The walls of the lesser pouch were extremely thin, appearing to consist of little else than skin. The writhings of the intestine were very conspicuously apparent through them.

QUEEN'S HOSPITAL, BIRMINGHAM.

OVARIAN TUMOUR.—ATRESIA VAGINÆ.—HYPERTROPHY OF THE CERVIX UTERI.

(Under the care of Mr. JOHN CLAY.)

WE are indebted to Mr. J. W. Moore, M.R.C.S., obstetric assistant, for the following reports of cases which have been recently admitted into the hospital.

1. *Ovarian tumour; tapping; ovariotomy; rapid convalescence; albuminuria.*—M. A. A——, aged forty, married, was admitted on June 10th. Had thirteen children; youngest child two years and a half old. Family history good. Soon after her last confinement she noticed a swelling of the legs, which continued for three months. Twelve months ago she experienced a feeling of something moving in the abdomen; the movement was unattended with pain or any perceptible enlargement of the abdomen at that time. Four months later she began to increase in size, and was told by a surgeon that she was pregnant, but did not credit the statement, as she menstruated regularly. The abdomen rapidly increased in size, and she sought advice at the hospital. There was then a continuous, dull, aching pain in the right iliac region. The abdomen was uniformly enlarged, and of a pyramidal form, the apex pointing towards the pubes. The umbilicus protruded to the size of a pullet's egg, and the pouch was filled with ascitic fluid. The superficial veins of the abdomen were very prominent. The abdomen bulged over the flanks, which was more noticeable on the left side. On palpation the abdomen felt soft in the centre, but firmer on each side, particularly in the right hypochondriac region, where a hard and irregular mass was felt, marked by a sulcus extending from the side towards the median line. Dulness extended over the front and sides of the abdomen. Fluctuation was well marked, and was perceived deeper on the left side. There was no œdema of the legs, and the uterus was normally situated and freely movable. The patient was tapped, and ten pints of a dark brownish-coloured fluid drawn off; and on withdrawing the cannula a quantity of clear fluid—probably ascitic—escaped.

Ovariotomy was performed on June 15th under chloroform, and conducted on the antiseptic principle. Owing to the size of the tumour, the incision was made from an inch above the pubes to a little above and to the left of the umbilicus. Twenty-four pints of dark-coloured, gelatinous fluid was removed by the cannula, and the tumour was withdrawn without difficulty. There was one small adhesion to the great omentum, which, on separating, gave rise to considerable hæmorrhage. The omentum was ligatured, and the bleeding arrested. The operation was completed in the usual manner. The cyst weighed 6 lb. 10 oz. There was great collapse on the patient being removed to bed, and it was feared reaction would not be established. However, about two hours afterwards she rallied completely. She menstruated on the third day, and her subsequent progress was one of uninterrupted recovery. The patient was able to be up on the sixteenth day.

On examining her urine it was still found to be highly albuminous, and, on a consultation with Dr. Heslop, she was ordered iodide of potassium with spirits of chloroform. On Sept. 9th the albumen had almost disappeared. The patient went to the seaside for three weeks, and on Sept. 30th visited the hospital, when she expressed herself as feeling quite strong and well.

2. *Atresia vaginæ; operation; cure.*—E. F——, aged nineteen, single. Admitted Sept. 26th. Complained of constant severe pain across the lower part of the abdomen. Had never menstruated. Twelve months ago first experienced pain in the lower part of abdomen and back, accompanied with sickness, and was very ill for two days. Similar symptoms recurred regularly at the monthly periods. Six weeks ago the periodical attack was more severe than previous ones, and a fortnight before admission the pain in the back was so severe that she was obliged to keep her bed for several days. She had great difficulty in sitting down. Noticed that her stools were small in calibre. No dysuria.

On examination the external organs of generation were found to be well developed. The vagina was closed, its walls being apparently in apposition. On examination per rectum a large fluctuating swelling could be felt about two inches from the margin of the anus. There was dulness over pubes on percussion.

On Sept. 28th Mr. Clay dissected laterally and inwards towards the os uteri for about two inches, when there was a sudden rush of pent-up, treacly, inodorous menstrual fluid. He afterwards dilated the vagina with two fingers. The os was found to be dilated, and the uterus enlarged. On introducing a finger into the rectum after the vagina had been syringed out, the swelling described above had disappeared. The vagina was frequently syringed with carbolic acid solution, and opium moderately given. She made a rapid recovery, and on Oct. 4th was discharged cured.

3. *Hypertrophy of cervix uteri; operation; cure.*—L. T——, aged thirty-eight, married, admitted Sept. 2nd. Complained of hæmorrhage from rectum, pain in back, and bearing down; giddiness on exertion, nausea, and occasionally sickness. Enjoyed good health until two years ago, the time of last confinement; miscarried six months after this, and was confined to bed for two months; had frequent vaginal hæmorrhages for six weeks afterwards. Did not menstruate after, but had pain in back and sides at certain periods, and frequent hæmorrhages from the rectum, with tenesmus.

On admission, she was very pale and anæmic, but not emaciated; the os was found to be patulous; the lips were elongated, very much hypertrophied and œdematous, the posterior lip being by far the longer. On Sept. 3rd chloroform was administered, and Mr. Clay divided successively each lip with Pacquelin's thermo-cautère. The vagina was afterwards plugged with carbolised lint. She commenced to menstruate on Sept. 12th, and on Oct. 3rd was discharged cured.

TOXTETH-PARK WORKHOUSE INFIRMARY.

PERIUTERINE HÆMATOCELE.—ENDOCERVICITIS COMPLICATED WITH AMENORRHŒA.

(Under the care of Dr. LYSTER.)

FOR the following notes we are indebted to Mr. C. R. Woods, M.B.

1. *Case of periuterine hæmatocele; discharge of contents through rectum.*—Eliza McC——, twenty-six years of age, married, mother of three children, was admitted on May 9th, 1878, suffering from melæna, and giving the following history:—About two months ago, whilst washing, she felt something give way in her left side, followed by great prostration, agonising pain in the abdomen, and a blanched

condition of the skin. This event occurred just before she expected the appearance of the catamenia, which had always been regular, but which did not appear at this time. Instead of menstruating, she noticed that the blood came from the bowels, and as this continued she sought medical advice, and was treated for internal piles.

On admission, the patient was very pale, and suffered great pain in the left iliac fossa, which, though continuous, was subject to exacerbations; there had been no menstruation since the hæmorrhage from the bowel commenced. On examination per vaginam a large semi-solid tumour was found, filling the posterior cul-de-sac, and the same tumour was felt per rectum. The uterus, which was slightly retroflexed, was straightened with the sound, but the tumour was still present. The cervix uteri, which was congested, was punctured, and relieved of a couple of ounces of blood, and glycerine-pads were applied. Stimulants were given, and astringents administered, to check the hæmorrhage into the peritoneum, while hypodermic injections of morphia and local applications were used to allay pain.

As the patient was suffering at the same time from endocervicitis, as soon as convalescence was established Dr. Lyster dilated the cervix uteri with sea-tangle tents, and burnt the entire inner surface of the cervix uteri with strong nitric acid. Glycerine pads were now applied to the cervix uteri until the slough came away, and the patient, rapidly recovering strength, left the hospital on June 20th, 1878.

2. *Case of endocervicitis complicated with amenorrhœa.*—Catherine Q——, aged twenty-two, married, never pregnant, came under treatment April 20th, 1878. For two years she had suffered constantly from severe pain in the head over the left eye and temple, and also from loss of appetite, sickness, and debility. The catamenia came on at the age of thirteen, and were regular in amount, and occurred at the usual periods until twelve months ago, since which time there had been no return of them, but at each menstrual period the patient's nose swelled and bled more or less for a few days. On examination with the ophthalmoscope the optic discs were found to be obscure and their edges badly defined. An examination per vaginam disclosed a thickened elongated cervix uteri, which was tender to the touch, and from the mouth of which hung a thick gelatinous secretion. Before her admission to hospital and since, every form of medical treatment had been tried without effect.

On the 1st of June Dr. Lyster punctured the os uteri, which bled freely, and repeated this operation at intervals of a week. The pain steadily diminished, the sickness disappeared, and the patient considered herself well, but still suffered from headache and sickness when the treatment was discontinued. On July 4th the cervix uteri was dilated with sea-tangle, and the inner surface found to be in an unhealthy granular condition; the whole of this surface was freely cauterised with carbolic acid, and glycerine pads were applied to the os uteri until the slough separated, and from this date convalescence was rapid. On August 1st, the patient complaining that she had seen no menstrual change since June, 1877, a galvanic pessary was introduced, which brought on the catamenia in two days. The pessary fell out on the first day, but the discharge continued for four days. The patient was watched, but did not menstruate next month until another pessary was introduced, which again brought on menstruation. The patient now considered herself well, having entirely lost her headaches, sickness, &c., and was discharged Sept. 20th.

Remarks.—The first case is of rare occurrence, and did not come under notice till the hæmatocele had begun to discharge itself through the rectum. The fact of this case having been treated as one of bleeding piles shows how a disease like periuterine hæmatocele may be confounded with other diseases when proper care has not been taken to institute a thorough examination, and this fact should incline us to the opinion that periuterine hæmatocele, at all events in a comparatively mild form, is not such a rare disease as has hitherto been believed.

The second case illustrates the reflex phenomena noticed in diseases of the womb. This patient, for whom every possible medical treatment was tried ineffectually, was speedily cured by directing attention to the state of the uterus.

DR. SMELT, of Newent, has sustained a compound fracture of one of his legs in being thrown out of the vehicle he was driving by a collision with a clergyman's carriage.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Morphœa.—Condition of the Skin in Tinea Tonsurans.—The nature of Iodide of Potassium Eruption.

THE ordinary meeting of this Society was held on the 12th inst; Dr. C. West, President, in the chair. It was announced by the President that the Council had decided to print the Report of the Croup and Diphtheria Committee *in extenso*, and to circulate it among the Fellows of the Society, in order that full justice might be done to the arguments contained in it in the discussion, which will probably take place early in 1879. Three papers were read, all dealing with dermatology. Dr. F. Taylor contributed a paper on the minute anatomy of tinea tonsurans, in which he arrives at conclusions in the main confirmatory of those brought forward last session by Dr. Thin. A paper by Dr. Thin was also read, and was interesting as showing that the eruption produced by iodide of potassium depends on changes induced by the salt upon the walls of the blood-vessels. It is, as stated by Dr. Barlow, the first contribution to the minute anatomy of these eruptions, and as such is of considerable importance.

The first communication read was upon a Case of Morphœa by Mr. GEORGE GASKOIN. This case exhibits in no ordinary proportions, and in multiplied manifestations, the *Morphœa alba tuberosa* as described by Wilson, the *dartre de graisse* of Retz. Equally prominent in the case are certain black maculæ, which lie somewhat apart from the former, and are, it would seem, in no direct relation to it. They are generally orbicular, where they have not coalesced, and they are bounded by a sharp outline. There are none of smaller dimensions. Leucoderma is also present in a few areæ, with another contour from that of the tuberous morphœa. The complaint affects the head and trunk, and upper portion of the limbs. It is asymmetric. It occurs in a young female, and has existed many years. The origin of the complaint is probably traumatic. It is altogether an indigenous case. In reply to the President, Mr. Gaskoin stated that black pigmentation was common in some forms of leprosy; but Dr. West had not observed it among the lepers in the hospital at Bergen, which he had visited this summer.—Dr. THIN thought the drawings showed an association of morphœa or scleroderma with leucoderma, where patches, at first pigmented, became white in the centre. The pigmentation in the case described was darker than that met with in leprosy.—Mr. GASKOIN, in reply, said that patches of morphœa which were at first white afterwards became dark.

A paper was then read on the Condition of the Skin in Tinea Tonsurans, by FREDERICK TAYLOR, M.D. The subject of the disease died of tubercle of the cerebellum after a long illness, and the ringworm was only partially treated. A portion of the scalp was hardened in alcohol and chromic acid, and sections were stained in logwood and picrocarmine. The results of the examination are as follows:—Numerous hairs are affected by the fungus, some in an early stage, others in an advanced stage. In the former the hair retains its form, and has within it simply a varying number of mycelium threads running parallel to its length. In the later stage the hair is obscured by a crowd of spores closely packed in the follicle. In the middle of these the outline of the hair is seen, but its substance seems to be completely destroyed, or replaced by mycelium threads running in a longitudinal direction. In a downward direction the fungus does not reach beyond the upper end of the bulb of the hair. The hair-papillæ are never invaded. Laterally, the spread of the fungus is limited by the inner root-sheath, with which, in advanced stages, the spores are in contact. The integrity of this sheath is maintained even where the follicle is choked with spores. The outer root-

sheath never shows any trace of fungus; nor do the follicle-walls, subcutaneous tissue, cutis, and mucous layer of the epidermis. So much of the horny layer of the epidermis as remains in these specimens shows no fungus, even in the immediate neighbourhood of diseased hairs. The diseased hairs are not twisted or broken, as in Dr. Thin's specimens (paper read before the Society, March 26th, 1878), nor are any but the merest traces of inflammatory action present. From these results it would appear that the fungus invades the hair proper, and advances in its substance down towards the bulb; that it never advances far into the bulb, or attacks such tissues as the root-sheaths; that its growth in the follicle is determined by the supply of hair from the papilla, the freshly-formed soft cells resisting its action until in their turn they assume the characteristics of the proper hair substance, that should the papilla fail to form new hair-cells the fungus must shortly starve. With reference to treatment, epilation cannot ensure the extraction of the fungus, as the hair will give way in the shaft, leaving mycelium threads near the bulb ready to advance on the new cells as they become hair. On the other hand, the natural fall of the hairs, or the same fall, could it be artificially induced, would, by separating the hair at the papilla, effectually turn out the whole disease, re-infection of the new hair being prevented by the contraction of the follicle-walls around the retreating stump.—Dr. THIN agreed that the occurrence of twisted hairs in his case was probably explained by the fact that they were obtained from a young horse, where the growth of the hair was rapid. Inflammatory changes in the skin, denoted by small-cell infiltration, could not be so clearly seen in specimens hardened in chromic acid as in those preserved in Miller's fluid or bichromate.—Dr. TAYLOR did not doubt that inflammatory changes might be present, but in the case he described there was no clinical evidence of such inflammation, nor did those specimens which were stained with logwood show cell-infiltration any more than those treated with carmine.

A paper followed on the "Nature of Iodide of Potassium Eruption," by GEORGE THIN, M.D. The paper gives the results of a microscopic examination of a portion of skin which was the seat of a bullous eruption, occurring in a patient who had been taking iodide of iron and iodide of potassium for three months' constitutional syphilis. The patient, a man aged thirty-five, the subject of renal and mitral regurgitant disease, was, when he died, under the care of Mr. Howard Marsh, at St. Bartholomew's Hospital. He ceased to take the iodide on May 10th, the eruption came out on the 13th, he was admitted into the hospital on the 18th, and died on the 22nd. The eruption occurred in the form of bullæ and pustules on the face and on the dorsum of the right hand. Its nature was recognised by Mr. Marsh, Mr. Baker, Mr. Langton, and Dr. Crocker. The part examined was from the dorsum of the hand. The cutis under the bullæ presented three distinct areas of morbid change. The innermost area was composed of a structureless, almost homogeneous, but faintly granular substance, containing at several points rows of leucocytes; the middle area was composed of a layer of exudation cells suspended in a very delicate reticulum; the outer area was formed by remnants of connective-tissue bundles separated from each other by wide spaces. There were a few bloodvessels in the second area, and a large number in the third. The vessels were distended by red corpuscles, and their walls were in many instances partially disorganised. The substance in the inner area consisted of coagulated albuminous material from the blood. The third area was bounded almost abruptly by the ordinary bundles of connective tissue of the cutis. The sebaceous glands were unaffected. Portions of bloodvessels in the deeper strata of the cutis, and distant from the bulla and from the sebaceous glands, were found distended and plugged with disorganised blood. The epidermis over the inner area was ruptured and disorganised. The bulla was formed by injury to the walls of the bloodvessels of a limited area, and by consequent escape of blood fluid, which displaced the connective tissue, pierced the rete mucosum, and accumulated under the horny layer of the epidermis. The author points out that the tendency of iodine, when present in the blood-current, to attack special points of the vessels, as has been shown in this case, explains all the varieties of eruption produced by iodine. The injury in its mildest form is shown in the common iodine-acne, in a more severe form in bullous and pustular eruptions, and in its worst form in iodine-purpura. As an explanation of the latter form it is suggested that a portion of the wall of the vessel is so suddenly and completely destroyed that the local changes are limited to effusion of a small quantity of pure blood, and to plugging of the vessel. Amongst various conditions which it might be imagined act as causes of the more severe forms of iodine eruption, it is suggested that a sluggish circulation and deficient excretion may find a place, and some such hypothesis might be framed to explain why in the present case the eruption only appeared during the week preceding the patient's death.—Dr. BAXTER remarked upon the singular fact that the eruption did not appear until some time had elapsed after the drug was discontinued, and thought it would be interesting to know whether any of the iodide (usually so rapidly eliminated) occurred in the urine at the time of the eruption.—Dr. BARLOW said the question raised by Dr. Baxter was of importance; for in several cases he had seen of iodide and bromide eruption the rash had not appeared until after the drug had been discontinued. In one case, which Dr. Lees had reported, bromine was found in the urine some weeks after its administration had been withheld. In several cases disease of the kidney had been found, which pointed to retarded elimination being possibly the cause of the eruption; thus disproving Mr. Hutchinson's statement that on withholding the drug its effects disappear. He inquired whether there were any other post-mortem evidences of iodide of potassium poisoning, such as œdema of the glottis, or, as had been described by some French writers, a condition of "dissolutio sanguinis." Dr. Thin's paper was, he believed, the first contribution to the microscopical anatomy of those eruptions, and the view maintained seemed very reasonable, and preferable to the current but superficial doctrine of rash being due to an affection of sebaceous glands.—Dr. THIN, in reply, said he would endeavour to ascertain the facts asked for as to the condition of the urine and the occurrence of other morbid changes attributable to the iodide. The important point practically was that if in renal disease iodine is but slowly eliminated, great caution should be observed in the administration of this powerful drug in depressed conditions of the system. The fact that the eruption favoured exposed parts, such as the face and arms, where the circulation was retarded, bore out the view that the iodine acted on the vascular walls, as in these parts it would have a greater opportunity of so acting. The specimen exhibited showed well the limitation of the changes to a small part of a vessel, which was dilated at that spot and blocked with coagulum.

CLINICAL SOCIETY OF LONDON.

Quinine Rash.—Ogston's Operation and "Extra-articular Osteotomy" for the Relief of Genu Valgum.

THE ordinary meeting of this Society was held on the 8th instant, Mr. Callender, President, in the chair. The chief matter discussed was that of operation for the cure of genu valgum, Mr. Barker bringing forward a case in which he had performed Ogston's operation, with fatal result, and Mr. Reeves reading a paper advocating a different procedure to that of Dr. Ogston. Several patients were shown by Mr. Reeves, and others also by Mr. Parker and Mr. Barwell, illustrative of these and allied operations for this deformity.

Dr. FARQUHARSON exhibited a drawing of a case of Quinine Rash, occurring at St. Mary's Hospital, in the practice of Dr. Cheadle. The patient, a boy aged fourteen, was admitted with pyrexial symptoms; and after the first suspicion of typhoid was allayed, it was decided to try the effect of quinine in reducing the temperature, which had stood for several days at 100°. Ten grains were accordingly given thrice a day, and on the fourth day a rubeoloid rash appeared universally over the body, composed of flat slightly raised patches of a rose-pink, and accompanied by much tingling and irritation. No other symptom of chinchonism was observed, and on withdrawal of the medicine the eruption rapidly subsided. Quinine symptoms may be divided into two classes—viz., those of an eczematous character, which are described by some continental authorities as occurring on the skin of workers in quinine manufactories; and those which follow the internal administration,

usually of very small doses of the drug, and which may be either erythematous or rubeoloid in character. The present case was strongly suggestive of urticaria, which it doubtless was, and it may naturally be argued that the real causation was some chance error of diet. The diagnosis was, however, most amply confirmed by one of the students, Mr. Luscombe, who had suffered two attacks in his own person, precisely similar to this in every respect, save in the addition of very troublesome and long-continued gastric irritation. It is worthy of remark that the quinine not only caused no lowering of the body heat in the first instance, but that on the appearance of the cutaneous eruption the temperature ran up to 102°, the explanation of this probably being that the dose was really too small to produce any decided antipyretic effects.—Dr. GREENHOW said that the rash described could not be put in the same category as the eruptions due to bromide or iodide of potassium, where the rash is the specific effect of the drug. Here, however, the eruption was not distinctive; it was of the nature of urticaria, and was produced by the quinine causing gastric disturbance, just as other ingesta frequently do. The case was of interest and rarity, for although he had prescribed quinine for forty years he had never met with a similar instance.—Dr. YEO asked how long after the case was admitted with febrile symptoms did the rash appear.—Dr. NUNN, of Georgia, U.S., said that, coming from a malarious district, he was in the habit of administering large doses of quinine, and was perfectly familiar with the quinine rash. He mentioned one case of a lady fifty years of age, in whom quinine produces an erythematous eruption, limited to a few spots on the body, with considerable itching and sometimes pain, and followed by desquamation. Further, whenever she is affected with a malarious fever, the appearance of this eruption is followed by amelioration of symptoms.—Dr. FARQUHARSON agreed that the case might be styled an accidental eruption occurring after the administration of quinine. But it was only of late years that any attention had been directed to "quinine-rashes," whatever their precise nature, and there was no doubt they were rare. The quinine was not commenced until three or four days after admission. In answer to a further question by Dr. Yeo, he said he did not know of any attempt made to reproduce the eruption in this case by again exhibiting quinine.

Mr. BARKER read notes of a fatal case of Ogston's Operation. The patient was six years of age, and deformed by genu valgum on both sides, but mostly so on the right. On this limb the operation was performed as follows:—A tenotome was passed down in front of the middle of the joint, from a point about two inches above the internal condyle. Along this line a narrow-bladed saw was inserted, and its cutting edge laid on to the bone. The latter was then divided, due care being taken that the soft parts behind it should not be injured. The limb was then brought into a straight line, but could not be brought beyond this, owing, as was seen at the post-mortem examination, to the position which the spine of the tibia then held. It came up mainly to lock against the under-surface of the intercondyloid notch, while the external lateral ligament held the bone from going any further. A little blood oozed from the wound, which had been made under the strictest antiseptic conditions, and similarly dressed. The limb was put up straight in plaster-of-Paris. All went well until next morning, when the patient was free from pain or any trouble, the temperature standing at 99·8°. The plaster bandage was a little tight. An hour or two later the temperature stood at 105·4°, and patient was weary. At 9.30 P.M. the plaster bandage was removed, as the limb was too much compressed by it, and at this time the thigh near the groin was tender and swollen, the glands especially. The limb was put upon a long splint, with cotton-wool and flannel covering; dressings not changed, all around the knee being quiet. The temperature remained at over 105° the whole night, and in the morning the boy was delirious. The dressings were then removed, under antiseptic spray, for examination of the joint, which was found perfectly at rest; no trace of inflammation about it. Consolidation of the base of the right lung, however, was discovered. The boy became worse and worse, and died at 2.30, exactly forty-eight hours after the operation. Post-mortem examination showed the cause of death to be septic pneumonia, with hæmorrhagic infarcta in the right inferior lobe. The joint was found almost free from inflammation, the wound showed slight suppuration, and lines of suppuration and ecchymosis occurred in the thigh muscles. The cut in the bone was planted as accurately as it should have been. It left the crucial ligaments entire, lying inside of them; the ligamentum mucosum was also intact. The chief point of interest in the case lay in the rapid supervention of septicæmia, in spite of the most rigid antiseptic precautions both before and after the operation.

Mr. REEVES read a paper on "Subcutaneous Extra-articular Osteotomy of the Condyles in Knock and Bow Knees," and made some observations on the subject of osteotomy generally, stating that he had had occasion to perform nearly 100 osteotomies. He related the particulars of four severe cases from a total of twenty-three condyle operations, of which twenty-one were for genu valgum and two for genu varum. He also drew attention to a case of Mr. Parker's, which was present, and which had been operated on by this method, in which the deformity was quite corrected, and in which the child was able to walk one week after the second knee had been operated on. Photographs of several cases both before and after operation were shown. He summed up the results of his own experience and that of other surgeons by stating that in those cases of knock or bow knee in which osteotomy is called for, the plan of simply loosening, and not separating, the offending condyle is preferable to Ogston's operation or to division of the shafts of the femur, tibia, and fibula—(1st) because of its safety; (2nd) it is much more quickly done; (3rd) passive motion can be begun much earlier; (4th) the condyle being simply loosened, there is no fear of non-union and necrosis; (5th) there is no need to interfere with the large joint in the body, and even if this be accidentally done, it being a much more subcutaneous injury than that inflicted in Ogston's operation, there is very much less likelihood of joint mischief, leading to excision, amputation, or death (as had happened in some cases recently recorded in the *Wiener Med. Woch.*); (6th) less damage is done to the epiphysis; (7th) the cases are much more rapidly cured. He thought that Dr. Ogston's operation was good and justifiable until a simpler and safer method was introduced, and that subcutaneous extra-articular osteotomy supplied this desideratum.—Mr. PARKER showed two cases of the deformity treated by different methods. One was a child of about four, the subject of extreme genu valgum; it could hardly walk before the operation. He had divided with a chisel, at an interval of one week, the two femora just above the condyles. There had not been any suppuration or constitutional disturbance. The wounds healed rapidly, and at the end of about three weeks the child could raise the limbs from the bed. The internal malleoli could now be made to touch each other without any difficulty at all; whereas before the operation there was an interval of about eleven or twelve inches. [A photograph of the child before operation was shown.] The boy could walk about, but, owing to his ligaments all being very loose, a considerable (but easily reducible) deformity still remained. The other case was also a well-marked example of genu valgum, which had undergone in one or two hospitals "orthopædic" treatment, without, however, getting much benefit. In this case the internal condyles had been partially separated with a chisel in the manner suggested by Mr. Reeves. Mr. Parker thought that this case demonstrated very well that the operation was sometimes, to say the least, extra-articular, for the boy could semiflex his knee on the eighth day after the operation, and in the course of the next week was able to touch his tuber ischii with the heel. He had done the two operations at a week's interval. At the end of the second week from the first operation all appliances were left off, and in the course of the third week the boy was up and dressed, and could walk about. Mr. Parker had done five cases by the former method (cutting through the femur), and five operations (on three children) by the second method (Mr. Reeves's). Making all allowances for his want of skill and experience in the earlier cases, not only as regarded the operation itself, but also as regarded after-treatment, he had come to regard the condyle operation as the better one, and of the condyle operations—Ogston's and Reeves's—he was in favour of the latter. The cases in which the femur was cut through required a longer time for recovery; and, moreover, although the deformity could be overcome, its cause still continued. He thought this operation a more serious one than partial separation of the condyle, even though the joint might occasionally be entered. If further experience should show that the joint, as a rule, escaped, then no doubt it was the better and more appropriate operation. His earlier cases had been done without any of the so-called antiseptic precautions, but latterly he had adopted the spray, in order to give the

patients any additional advantages it might afford.—Mr. CLEMENT LUCAS said that had he been asked before that evening as to the safety of Ogston's operation he would have said that it was one of the best and safest in surgery. He had himself performed it on eight occasions, never with any suppuration ensuing. In one case he divided both condyles on the same day without bad result. Mr. Barker mentioned the difficulty he found in strengthening the limb from tension of the external lateral ligament, and in one case he himself had been obliged to rupture this ligament to effect the straightening, but without any constitutional disturbance or any effusion into the joint ensuing. Mr. Reeves's operation might be a modification of Ogston's, but certainly he should think the joint must be opened in it, or at any rate the synovial membrane injured by the chisel. In one of the cases shown there was evident effusion into the joint. —Mr. HOWSE had not met with any ill consequences in his operations, but still he was inclined to limit their application to cases of extreme deformity, owing to the risk of pulpy disease ensuing, as occurred in a case of simple fracture of the capitellum of the radius which he had recently observed. Still a large number of patients were unable to devote the time and means for prolonged treatment by splints &c., and in such cases Ogston's operation was justifiable, even at the risk of subsequent mischief. Division of the condyle was better than division of the bone above, which only corrects a curvature; but he doubted whether it were possible to perform the operation described by Mr. Reeves without opening the joint—i.e., if the condyle is to be thoroughly divided. If incompletely divided, then the deformity was not rectified. Lastly, he believed that the use of the saw was attended with less risk than the chisel, because, with the latter instrument, unless it can be certain that it is reapplied in the same spot, fresh bony tissue will be destroyed. — Mr. BARWELL believed that his plan of dividing the femur, and then the tibia, with a chisel, gives the best result, because it also corrected the rickety curve. He did not hold that the condyle was the cause of the deformity in genu valgum, but a laxity of ligaments, by which the condyle comes to lie on a lower level. In most cases of knock-knee the femur is curved. Mr. Barwell showed a patient upon whom he had operated as described. He held that osteotomy performed antiseptically, and with the chisel, was a safe operation, and, moreover, did not interfere with joints. He had performed it about fifty times, never with suppuration or pyrexia. He admitted that Ogston's operation was a valuable one, and had yielded good results; still it was sometimes followed by effusion and stiffness. In his chisel operations he never withdraws the instrument until the division is completed.—Mr. ADAMS had performed Ogston's operation in one case, a girl twenty-two years of age, and had obtained passive motion a week after operation. It was more applicable, he thought, to cases after the period of growth. He certainly thought that in using the chisel to break off the condyle the cartilage must be split and the joint opened, although, from the cases brought forward to-night, this did not seem to interfere with the results. A strictly subcutaneous operation did not require the aid of antiseptics. He suggested that Mr. Barker's patient was possibly in ill-health at the time of operation; it might have been incubating some exanthematous fever.—Mr. CLUTTON mentioned that Mr. MacCormac had performed Ogston's operation in eight cases with good result.—Mr. GOLDING BIRD had done it sixteen times. He doubted whether Mr. Reeves's method was strictly extra-articular; the detachment of the condyle must open into the joint.—The PRESIDENT would restrict operative procedure for the cure of genu valgum to middle youth or later. Then there was great variety in the cases, requiring selection. He had performed Ogston's operation in five cases, without antiseptics, and they had done well. Dr. Bigelow had stated that genu valgum was an affection not met with in the United States.—Dr. NUNN confirmed this statement as regards the Southern States, but pointed out that the working population was there almost wholly composed of negroes, in whom it was rare to meet with deformities, whilst very little rickets occurred among the whites. — Mr. BARKER, in reply, said that the child whose case he had related had a normal temperature before the operation, the pyrexia only setting in on the next day.—Mr. REEVES also replied, maintaining that if the joint were opened (and this he would not admit), the results showed that it was a matter of no importance.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

Aneurism of Aorta, complicated with Empyema.

At the meeting on the 11th inst., Mr. Erasmus Wilson, President, in the chair, the discussion upon Dr. GILBART SMITH'S case of Aneurism, complicated with Empyema, took place. The case was that of a female aged thirty-three, who was admitted into the City-road Hospital for Diseases of the Chest with pain in left side, dyspnœa, and cough, her history being that she had good health till four months previously, when, after suffering for some weeks from cough, she was suddenly seized with great dyspnœa and prostration. There were signs of effusion in the left pleural cavity, and a rough systolic sound at base of heart, well heard as a murmur in the back. Three separate punctures failed to evacuate any fluid, and the dyspnœa and prostration increased, death taking place suddenly about six weeks after admission. The post-mortem examination revealed an aneurism springing from the posterior wall of the transverse aorta, displacing the vena cava, and compressing the right bronchus and pulmonary artery, and also displacing the innominate artery to the left; but its most marked effects were seen at the root of the left lung, where it led to ulceration of the bronchus. The left lung was the seat of numerous cavities in communication with the bronchi, which were filled with pus; and two of these had ulcerated through the pleura. Dr. Smith remarked upon the pulmonary changes being probably secondary to pressure upon the bronchus by the aneurism, whether this were due to involvement of the pulmonary plexus of nerves or not. The occurrence of aneurism in a woman only thirty-three years of age he believed to be due to syphilis, and Dr. Goodhart was also of opinion that the atheromatous changes in the aorta were dependent on syphilis. As to the clinical features of the case, the absence of ordinary signs of aneurism, and the presence of the empyema with the greatly thickened pleura, rendered it impossible to detect the true cause of the mischief.—The PRESIDENT, speaking of difficulties in the diagnosis of aneurism, mentioned the case of Mr. Liston, who died from the rupture of an aneurism, which had only been detected shortly before death. In view of the direct pressure exerted in this case on the root of the lung, he did not think it was necessary to appeal to nerve-changes. He also thought too much stress had been laid on syphilis as a factor in the production of aneurism.—Dr. SYMES THOMPSON said it was not unusual for cases of empyema to give rise to symptoms which raise the suspicion of aneurism, the symptoms disappearing on removal of the fluid. The pressure of mediastinal tumours often causes gangrene and low forms of inflammatory change in the lung.—Dr. DOUGLAS POWELL agreed that direct pressure upon the main bronchus sufficed to set up dilatations beyond without the necessity of nerve-lesions. About ten years ago he had reported a case of aneurism complicated with empyema, which eventually pointed; the right radial artery did not pulsate, and there was only feeble pulsation in the right carotid. The empyema was incised at the spot where it pointed, and as the pus escaped the radial artery began to pulsate. Death took place from hæmorrhage some time after. Cases of pulsating empyema were difficult to diagnose from aneurism, and he had heard the largyngeal cough so often accompanying thoracic aneurism in a case of empyema.—Dr. DE HAVILLAND HALL quoted a case illustrative of the difficulty in diagnosticating between aneurism and pulsating empyema. The patient was seen by several distinguished men, some holding the view of aneurism, others that it was an empyema. The patient died suddenly, but the case was never cleared up, as no post-mortem examination was permitted.—Mr. BLOXAM referred to a case of aneurism of the transverse aorta, where death was due to a low form of pneumonia produced by pressure on the bronchus. —Dr. SANSOM mentioned a case of phthisis complicated with aneurism where diagnosis was very difficult. He asked whether at any period there was localised pain where the sternum was eroded. Was laryngoscopic examination made, or the sphygmograph used? He believed that syphilis explained the occurrence of the aneurism and the peribronchial thickening.—Mr. MAUNDER said that it was pretty well decided that intrathoracic aneurism could not be diagnosed

in the absence of pressure signs. He should regard the aneurism as of syphilitic origin, and mentioned a case of a young man, aged nineteen, suffering from secondary symptoms, who had a popliteal aneurism, which rupturing, required amputation of thigh. While confined to bed, two aneurisms formed in the carotid.—Dr. DRYSDALE inquired for other evidences of syphilis. — Dr. GILBART SMITH, in reply to several questions, said that when the woman first applied there were signs of the presence of air in the pleural cavity. The chest was punctured twice with the ordinary hypodermic syringe and once with the aspirator. Death took place from syncope. There was no pain except in the side and back, and there was a rough systolic sound at the base of the heart. The woman's weak state precluded laryngoscopy. There were no other syphilitic lesions.

EPIDEMIOLOGICAL SOCIETY.

AT a meeting of this Society, held at University College, Gower-street, on November 6th, the President (Surgeon-General John Murray, M.D.) delivered the inaugural address of the session on the Epidemic Diseases of 1875 and 1876.

Dr. MURRAY began by giving an account of the most important epidemic diseases of India, and stated that in consequence of the time required for collecting the necessary details over so extensive a country, the official reports of the sanitary commissioners of the different provinces, with the exception of two, comprehend only the early part of 1877. In India, cholera was quiescent in 1874. At this time there were only a few cases in Eastern Bengal. In the western districts, where famine was reported, the disease was less prevalent than in the previous or subsequent years. With the exception of the eastern portion of Bengal, the deaths from cholera were only 7872 in the whole of India, while in 1875 they amounted to 384,421, and in 1876 to nearly half a million. In 1877 cholera was prevalent in the famine districts of Madras, this being probably due to the concentration of large numbers of starving people in the famine camps. A valuable report of Dr. Townsend, Sanitary Commissioner of the Central Provinces, confirms Dr. Murray's experience that the diffusion of this disease over the country is dependent on human intercourse. The epidemic of 1875–76 was generally diffused over the whole of India with slight exceptions. The disease was in its ordinary form. Quarantine regulations are found impracticable in an open commercial country, but were employed successfully in the gaols. The advantage of removal of troops from infected localities was clearly proved. The influence of season on cholera was shown in tables which accompanied the address. On Oct. 31st a cyclone drove the sea over the coast of Chittagong, destroying 50,000 lives, and this was followed by cholera, which carried off 82,000 people. Famine was very severe, and cholera very fatal, in the Madras Presidency during the latter part of 1876 and in 1877. In 1876 the mortality from this disease was 160,486, and in the first four months of 1877 it reached 288,981. There has been a marked increase of mortality from fever in India during the last four years.

A severe attack of plague visited Kumaon in 1876. This disease has not become acclimatised, although it has several times been imported, on the western coast of the Red Sea. Plague was very fatal and contagious, and showed all the characteristics seen in the plague in Egypt and in the plague in Palee in 1836. The peculiarity observed in Kumaon was the late appearance of buboes, and in some cases black vomiting and yellowness of skin. The plague which prevailed in 1876 on the lower course of the Euphrates is not reported as continuing there in 1877. It appeared in the north at the Persian town of Resht, near the south-west corner of the Caspian Sea, in March, and proved fatal in 4000 cases. The disease had not appeared in this city since 1832. There are reports of slight attacks round the southern end of the Caspian Sea, at Astrabad, and among the nomadic tribes of Herat. At Tiflis, in Armenia, a fatal form of fever occurred among the Russian troops, and also among Turkish soldiers, and the same disease is said to have been imported to the Russian troops on the Danube. It occurred mostly in hospitals and stationary camps, and was contagious; accurate information concerning it is still wanting.

Yellow fever has prevailed with great virulence during the present year. It broke out in June in New Orleans soon after the arrival of the steamer *Emily B. London*. Early in June cases were reported by the Board of Health, and the epidemic spread rapidly along the course of the Mississippi. In August it appeared in Grenada, and next in Memphis. One-third of the population left the city. Many of the refugees were attacked, and the disease spread to the surrounding country. Soon after Memphis, Vicksburg was attacked. By the latest accounts the epidemic appears to be subsiding as the cold season advances.

The mortality from small-pox in India during the two years under consideration was nearly 200,000, while in the two previous years it was nearly half a million. During 1875 and 1876 only two deaths resulted from this disease among 120,000 European troops; this immunity is clearly due to vaccination. Small-pox is never entirely absent from India, but is quiescent during the rainy season, slightly prevalent during the cold season, and attains its maximum in May and June. Before our possession of India inoculation was practised by the natives. The operation was confined to the cold season, as erysipelas was likely to follow at other times. Experience teaches that a similar result attends vaccination when performed in the hot and rainy season, even when every precaution is taken. Operations in the plains are therefore suspended from April to October. They are, however, continued in the hills, and a supply of lymph is thus maintained. In Assam Dr. Renzy reports that small-pox is endemic. The indigenous population suffers very severely, but the coolee population of the tea gardens are entirely exempt, as vaccination is compulsory on them. Accompanying tables indicated the progressive diminution of the rate of mortality from small-pox in the Punjab. In the three Presidencies the number of vaccination operations during the two years 1875 and 1876 amounted to 3,729,275, of which 3,390,097 were successful.

Reviews and Notices of Books.

The Science and Practice of Surgery. By F. J. GANT, F.R.C.S., Senior Surgeon to the Royal Free Hospital. Second Edition. Two vols. London: Baillière, Tindall, and Cox. 1878.

THIS, the second, edition of Mr. Gant's treatise on Surgery, has been so enlarged and remodeled as to be practically a new work, and we do not hesitate to say that it is a very great improvement on the previous one. As the work contains 1800 pages, it is impossible, within the limits at our disposal, to do more than glance at a few of the more important points that have attracted our attention in turning over the leaves. The introductory part contains important practical matter relating to the conditions favourable or otherwise to the performance of operations. The employment of anæsthetics, both local and general, is here discussed, and the administration of chloroform is very fully treated of. Ether, however, which is now largely employed, and is by many thought to be both a safer and a better agent, its use being less frequently attended by sickness, is dismissed in a few lines. Mr. Gant recommends that in cases where alarming symptoms present themselves, the tongue should be pulled forwards, not for the purpose of exerting any mechanical action on the larynx, since the base of the tongue and hyoid bone remain unmoved, but with the object of inducing reflex action. We believe, however, that this method has been abandoned by several of the most experienced chloroformists, and that the chin is now raised and the neck put on the stretch, which has been shown to be much more effective in promoting the admission of air to the lungs. In extreme cases the legs should be raised, and artificial respiration (not too rapid) performed. A description of one or two of the different forms of ether inhalers might with advantage have been added.

The body of the book is divided into two parts. Part I. contains General Pathology and Surgery; Part II. is devoted

to Special Pathology and Surgery. The chapter on Inflammation deserves careful study. The results of modern research are fairly presented to the reader, without any display of profound knowledge of learned, though often unmeaning, epithets. In referring the student to modern writers, Mr. Gant might have indicated in a note the titles of the works or treatises in which these observations are to be found. The papers of Simon, Billroth, and Burdon-Sanderson are not very accessible to the ordinary reader. We have now and then thought also that Mr. Gant scarcely gave sufficient prominence to the authors whose works he has laid under contribution. On p. 52 *et seq.* Dr. Mahomed gives an elaborate account of the method of employing the sphygmograph, and a number of tracings are introduced which are both novel and instructive. These are not usually found in works on surgery, and are therefore the more to be valued.

In the article on Tetanus, Mr. Gant gives a concise summary of Dr. Lockhart Clarke's observations on the changes in the structure of the spinal cord. He states that death in this disease is usually due to spasm of the glottis; and at the end of a long list of remedies which have been employed, he mentions tracheotomy and laryngotomy. It would have been well to have given a little more prominence to these operations, the account of which in the second part of the work is rather short and unsatisfactory. In particular the difficulties of the operation and the means of warming the air inspired afterwards are not sufficiently dwelt upon. In reference to tetanus, again, we notice the omission of any mention of nerve-stretching, and of the internal administration of Calabar bean.

We cannot agree with Mr. Gant than carron oil is usually the best dressing for burns. It is an ill-smelling and dirty application at best, and the unguentum boracis is in many respects preferable, and we trust he will give it a trial.

The chapter on the General Management of Fractures is exceptionally good. It gives in very practical form, under the headings of simple, compound, and complicated fractures, the chief features of each variety. We think the author might with advantage have given a fuller description of the mode of applying the starched bandage. He says: "Short splints of softened pasteboard are adjusted around the seat of fracture." This is quite contrary to the usual practice. In the opinion of most surgeons it is essential that the splints should embrace the joints above and below the fracture. We cannot find any account of the usual plan of cutting up and reapplying a starched bandage. Before leaving the subject of fracture we must not omit to call attention to Figs. 215, 219, 229, 246, and 273, as they give at a glance the situation and direction of the fractures commonly to be met with in the bones of the limbs. Mr. Gant must have taken great trouble in searching the various museums in order to obtain the data requisite for the construction of these figures. We can fully commend them as being of a valuable practical character.

The subject of excisions is treated most exhaustively, showing special study on the part of the author. The elaborate statistics he has prepared of these operations are well worthy of attentive perusal. Amputations are fully given. Mr. Gant, in the first place, enumerates the necessary instruments, and then proceeds to describe the two methods of amputation which are practised, as well as the modifications introduced by Syme, Teale, and Spence, he himself being in favour of the flap operation as a general rule. The two pages devoted to the dressing and redressing of stumps are particularly well written. We object, however, to a stump ever being left undressed after an amputation for so long as four, or even two days, unless drainage-tubes have been employed, and of these no mention is made. Before leaving the subject of amputations, we should like to draw attention to the representations of artificial limbs. We believe these drawings will be found to be of great use to any surgeon situated at a distance from an instrument maker, enabling him readily to answer the oft-repeated and somewhat difficult question, "What artificial limb shall I be able to wear?"

In the chapters on Diseases of the Skin, on Ophthalmic Surgery, Aural Surgery, Dental Surgery, Orthopædic Surgery, Diseases of the Throat, and on the Female Generative Organs, Mr. Gant has availed himself of the services of Messrs. Erasmus Wilson, Power, Purves, Tomes, Morell Mackenzie, Adams, and Dr. Barnes, so that the reader has the advantage of mature experience in treating of special subjects that are either omitted or very lightly referred to in ordinary works on surgery. These several articles, though of course not exhaustive, are carefully written, and contain all that the general surgeon is likely to require or wish to know.

Four forms of Organic Stricture are recognised—namely, the linear, the annular, the indurated annular, and the tortuous—this, as the author states, being in accordance with Sir H. Thompson's observations. In the choice of instruments, Mr. Gant speaks very highly of the bougie olivaire, and also of the advantages which the French scale of measurements for catheters has over the English scale. With respect to the treatment of stricture, he reduces all modes to four—namely, gradual mechanical dilatation; immediate and forcible dilatation, or rupture; caustics; division, either from within or without. Under the head of Continuous Dilatation, the following passage occurs: "When in about forty-eight hours the catheter has become loosened in the stricture, and a slight purulent discharge has taken place around the instrument, it should be withdrawn. In two or three days this procedure is renewed, and an instrument larger by two or three sizes may be at once introduced, and so on until a full-sized one can be passed easily." We think this can hardly be called continuous dilatation. By continuous dilatation is generally understood the constant presence of an instrument in the urethra till the canal has become enlarged to its normal calibre.

In concluding our notice of Mr. Gant's able and laborious work, we cannot forbear to refer again to the very numerous though somewhat coarse woodcuts which are profusely distributed through both volumes, and more especially do we wish to draw attention to those figures which illustrate practical subjects. One more remark and we have done. Might it not be worth while in a future edition to add marginal notes, which serve at once to save time and to draw attention to salient points? The letter-press is all that could be desired, there is a good index, and the volumes are handsomely bound and altogether very creditable to the publishers.

OUR LIBRARY TABLE.

Tablets of Anatomy and Physiology. By THOMAS COOKE, F.R.C.S. Physiology Complete. London: Longmans, Green, and Co.—In this edition of the Tablets, which are already well known to students, the author has added a large amount of new matter to make them *au courant* with the important discoveries that have been made in physiology during the last few years. The old Tablets are published in their original form, and the new matter has been added in separate paragraphs, which are distinguished by a red line under the heading. The student will find in these Tablets a careful and full abstract of two or three of the best-known and most recent English works on physiology, and if the book is used simply as such, it will be of considerable assistance. Many hard-working men make for themselves very similar notes, and the exercise is to be greatly commended. Such notes are found

far more valuable than any ready-made abstract. We must caution our readers against supposing that physiology can be *learnt* or *understood* from these Tablets. When this has been done by the aid of lectures or some one of the standard works on the subject, the student's knowledge may be kept fresh and in a useful form by a reference to them, and they will enable him to revive his knowledge in a short time; more than this they cannot accomplish.

Revue Mensuelle de Médecine et de Chirurgie. Oct. 10th, 1878. Paris: Germer Baillière.—This number opens with the first instalment of an article by Professor de Tarchanoff, of St. Petersburg, upon the Psycho-motor Centres of Newborn Animals, and their development in different conditions. The author professes to have proved by experiment that, contrary to the opinion of Soltmann, these centres exist and can be electrically excited in the guinea-pig even before birth, and consequently before any external impressions would call such centres into action. We must reserve detailed notice of this remarkably interesting subject until the memoir is completed. M. Le Dentu writes upon "Gangrene Foudroyante"—i. e., traumatic spreading gangrene; taking for his text a case in which the hand and arm became rapidly gangrenous after a gunshot wound, but where prompt recourse to amputation at the shoulder-joint succeeded in saving life. M. Nicaise contributes a paper on Aponeurotic and Periosteal Fibromata; Dr. Cauchois gives a note upon the Local Temperature of Neoplasms; Dr. Dreschfeld records some cases of Athetosis; and M. Desnos narrates a case of Strangulated Hernia, with death from Pulmonary Apoplexy. An abstract is given of M. Charcot's lectures on Chronic Pneumonia, of which he makes three forms—chronic lobar pneumonia, chronic broncho-pneumonia, and the chronic pleurogenic pneumonia. The usual notices of books &c. complete the number.

Narrowing, Occlusion, and Dilatation of Lymph-channels; Acquired Forms. By SAMUEL C. BUSEY, M.D. Reprinted from the *New Orleans Medical and Surgical Journal*.—In this reprint Dr. Busey completes his contribution to the literature of diseases of the lymphatic system. His former work dealt with congenital occlusion and dilatation of lymph-channels, the present only with the acquired forms. Its plan is similar to that pursued in the former work already noticed in these pages (see THE LANCET, 1878, vol. ii., p. 156)—that is to say, it is a compilation of cases culled from every available source of obstructed thoracic duct, chylous effusions into serous sacs, &c. The essay is marked by one fault, a fault equally prominent in the other volume—viz., a want of systematic arrangement and division of the subject. Had more care been exercised in this respect, and had an index been added, the value of the work as a book of reference would be greatly enhanced.

Anatomical Outlines. By ARTHUR HENSMAN. Part II.: The Lower Limb. London: Longmans, Green, and Co. 1878.—This part of a useful work, and a novel experiment in the teaching of anatomy, is as well planned and executed as the first part, which we recently noticed. The outline drawings of the skeleton of the lower limb, in a series of plates, are executed by Mr. A. Fisher, and they are sufficient to enable the student to follow each stage of his dissection, and place it on record. In the preface to the second part Mr. Hensman thus states his case: "A student, who 'gets up' his knowledge by *reading* learns to his cost that it is knowledge of a kind which vanishes in a few short weeks. On the other hand, if he has but a mental picture of the part about which he would know, his memory will carry his facts with scarcely an effort. If he be a careful dissector, the best pictures are those he makes with his scalpel—his actual dissections. ..... His dissections, however, vary from day to day, and he cannot always have these by him for reference. The outlines have been designed to enable him to chronicle the most important facts by a method which appeals to the memory through the eye."

Wyld's Map of Afghanistan, Caubul, the Punjab, Rajpootana, and the River Indus. By JAMES WYLD, Geographer to the Queen, 457, West Strand.—This is a beautifully executed map. It includes a corner map of the frontiers of Russia and of Afghanistan. For detail and accuracy it will sustain Mr. Wyld's reputation.

SHOULD PAROCHIAL MEDICAL OFFICERS BE EXCLUDED FROM GENERAL DISPENSARIES?

To the Editor of THE LANCET.

SIR,—A recent decision, confirming one previously arrived at by the committee of one of our dispensaries in this city (Bath), to the effect that parochial medical officers are not eligible to act as honorary medical officers to their institution, induces me to invite the opinion of the profession at large upon the question. It seems to me that to deny one the opportunity of work, though very characteristic of struggling juniors, is, in the long run, a short-sighted policy; and to throw discredit (as it does by getting a committee to come to such a decision) upon one portion of the medical profession is the way to degrade rather than to elevate the remainder. It is, perhaps, reasonable to say that surgeons and physicians of general or special hospitals shall not, at the same time, hold parochial medical appointments. But reference to the Medical Register will show that the custom varies in different places; and if this should lead in any way to an expression of opinion as to what should be the invariable rule everywhere, my object will have been attained.

I am, Sir, yours very obediently,

J. MAUNSELL, M.D.,
Medical Officer, Bath Union.

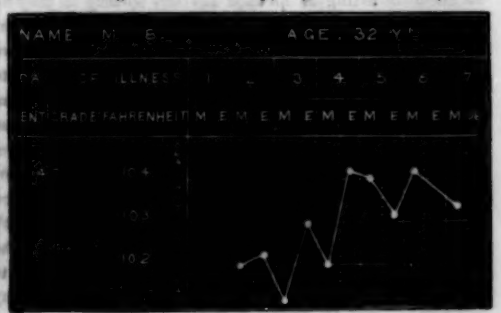
Bath, Nov. 9th, 1878.

EPIDEMIC OF PNEUMONIA.

To the Editor of THE LANCET.

SIR,—The following is a short account of an epidemic of pneumonia which occurred here in May last, with a temperature chart of the fatal case. The epidemic occurred in two small streets in this locality, the sanitary surroundings of which were bad. There were ten cases. Febrile symptoms preceded the pneumonia three, and sometimes four, days. Diarrhœa was present in two cases, abdominal tenderness in every case. A well-marked crisis happened on the eighth or ninth day, the temperature falling below normal.

One case proved fatal. Fine crepitation was first detected on the evening of the third day, slight dulness on percussion on the morning of the fourth day, and then followed the usual signs of pneumonia. There was also obstinate diarrhœa, prune-juice-coloured expectoration, and great prostration. Death took place on the eighth day.



I am, Sir, yours faithfully,

JAMES COULDREY, M.R.C.S., &c.

Scunthorpe, Oct. 28th, 1878.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 16, 1878.

THE case of "the Society of Apothecaries *v.* SHEPPERLEY," in which a chemist was prosecuted under the old statute known as "the Apothecaries Act," is one of the highest importance in its public, professional, and legal aspects. At Nisi Prius, before Baron POLLOCK and a special jury, the Apothecaries have lost their suit, but the issues involved are so great that the whole question, if not the case, must needs be considered on appeal. Meanwhile, let us glance briefly at the case from the three points of view indicated.

The public interest in the matter of counter-practice by chemists and druggists is graver than may be generally supposed. It seems a simple expedient, and under certain circumstances may be convenient, to drop in at the first druggist's shop and request that tradesman to compound some remedy for a sore-throat, a cold, a cough, or pimples on the face; but suppose the sore-throat is the commencement of diphtheria, the cold a premonition of fever, the cough a precursor of severe lung disease with early hæmorrhage, or the pimples on the face small-pox! It must be abundantly evident to the most determined advocate of what are occasionally miscalled "free-trade principles," that a blunder at the outset in regard to either of these affections would be extremely regrettable and even serious, and if the public could only realise one half the mischief done by delay and misconception in the early hours of acute disease, when the most formidable maladies may be readily mistaken for "simple complaints," the practical question in this contention would be taken out of its narrow sphere and placed on a broad and essentially politic footing. There is, however, a far worse evil behind, and it is particularly against this the opponents of counter-practice are, on public grounds, directing their attack. Advocates of the prescribing-drug-business rely with great confidence on the argument that there can be no danger in chemists acting as medical advisers so long as they do not visit, because in no case of an urgent or grave character would the patient be able to go to the shop! We have already hinted at several diseases which it is all-important to detect at the onset, but that do not prevent the sufferer from seeking advice of a chemist; but those who pursue this line of argument seem to have forgotten or intentionally disregarded the thousands of young children of the poor, the lower-middle, and the well-to-do classes, who are annually carried by their too-confiding parents to the neighbouring chemist's shop for something to ease or quiet them in the course of the most formidable and even deadly diseases. It is impossible to form any trustworthy estimate of the mischief done by counter-practice in the case of young children; but it will not be too strong an expression to use if we characterise the peril as prodigious. The mortality produced by this practice is very considerable; the remote evils entailed are great and often permanent. A notion prevails too widely that the complaints of young children are commonly simple and easy of recognition; the reverse is the fact, and the failure to diagnose the chest and brain affections of infants, in time to relieve them and obviate their cause, is one of the chief factors in the discreditably high mortality which exists among young children, particularly in the districts where chemists' shops are numerous and the tradesmen who keep them do a thriving counter-practice. The public aspect of this question is once of exceeding gravity; and, wholly disregarding all other considerations, the injury is so great that, if it should prove that the law as it stands is not strong enough to put down this practice, it ought to be brought under the consideration of the Legislature with as little delay as possible. If the Medical Council understood, or had been constitutionally qualified to exercise, the control it was designed to exert over medical education, it would long since have placed this question of counter-practice on an intelligible basis in the interests of the public, not less than of the profession it was appointed to regulate and protect.

The professional aspect of the question is, as must have been anticipated, stigmatised as wholly selfish. That this is not the fact will, however, appear on the smallest consideration. Of course the general practitioners of the country do not view with complacency the treatment of "simple complaints" by unqualified persons who happen to sell drugs! As well might the law stationers usurp the conduct of early proceedings at law, the functionaries who are commissioned to attest affidavits adjudicate the causes to which they relate, or parish clerks perform the church services. Precisely the sort of relations which are held by the officials mentioned towards members of the legal and clerical professions are held by the chemists towards medical practitioners. In the old days, before the apothecaries deserted their shops and became prescribers, they were, not inaptly, described as "physicians' cooks." The function of the chemist and druggist is to prepare medicines, and, except what he may pick up by gossip with the servants and others who bring prescriptions to be dispensed, he cannot possibly know anything of disease and its treatment, beyond what is patent to every mother of a family. The mistake mothers of families make is in supposing that they obtain better advice by applying to the local chemist than they are likely to receive from the friendly neighbours who are always willing to give counsel based on experience. The proper position of the druggist is clearly defined, and if his legitimate functions are discharged with care and intelligence, the calling is at once honourable and useful; but the moment the seller of drugs begins to prescribe, he is violating the obligations of common sense, usurping a position for which he is unqualified, and endangering the health and the lives of the public. Medical men *do* object, and they conceive they have a right to object, to the use made of their prescriptions by chemists who, having learned that Dr. So-and-so often prescribes a particular formula for a malady, the name or nature of which they know only by hearsay, straightway begin to use that formula, or something suggested by it, in counter-practice. This, however, is a small matter in comparison with the evil of having to treat cases which have been neglected or complicated by the prescribing chemist. Cerebral irritation in a young child, debilitated by "worm powders," congested with "sedatives," or complicated and increased by "cordial carminative" mixtures

given to arrest a diarrhœa which has lasted some days, or even weeks, and from the outset was symptomatic of brain mischief; bronchitis treated for whooping-cough; cerebro-spinal convulsions dosed with teething powders: these are the intractable "complaints" of children that swell the death-rate, harass and discomfit medical practitioners, and plunge families into the abyss of domestic sorrow. And yet we are called selfish and exclusive, because, forsooth, we protest against the widespread and serious evils of counter-practice. The time has come when it is only prudent to speak out plainly on this subject. If the law is not at present strong enough to meet the case, the Legislature must be asked to reconsider and simplify its provisions. The gist of the argument lies in a nutshell. The druggist is not either trained or qualified for medical practice. He knows nothing of anatomy, of physiology, of pathology, or of disease in its clinical aspects, and he has no sort of fitness for the task of *treatment*, whether the complaint be simple or serious. The discrimination between simple and serious maladies is a matter of urgency and difficulty. It is often very difficult for the fully-trained and expert physician to make a correct diagnosis sufficiently early to admit of prompt treatment. To expect a man who is wholly unacquainted with the subject of disease to perform the function is as monstrous as the recourse to such an adviser is too often found to be disastrous. Medical men are possibly not outspoken enough with their patients. They do not, from motives of humanity, point out the mischief—the fatal mischief—which results from counter-practice in the early hours or days of an attack of disease, particularly, as we have said, in the case of young children. If there is selfishness or jealousy in the medical view of this question, it is no more than any self-respecting body of practitioners must possess, and for which they have no vestige of cause to feel ashamed. The bulk of the argument, even in its closest relation with the interests of the medical profession, rests on a basis in which the public have a deep concern, even greater and deeper than the practitioners by whom it is urged. If medical men deplore the loss of their cases, friends, and especially parents, have to mourn the loss of those dear to them, whose maladies have been mismanaged or left to drift to a fatal termination by neglect.

The legal aspect of counter-practice must of course be left to the decision of the Courts, but there are two or three considerations which we venture to suggest. The chemists of to-day do not in any way represent the dispensers of "simples" for whom the Act of 1815 provided. Medicine and pharmacy have made gigantic strides within the last half of a century, and it would be impossible to regulate the retail trade in drugs of the last quarter on the principles applicable in the first decenniad. At the present moment the preparation and compounding of drugs for remedial purposes is a business of great delicacy, calling for the possession of special knowledge and tact. The chemist and druggist will find his energies fully engaged whenever he devotes the abilities acquired in his proper studies to the sole business of his craft. The law should protect him in his calling, and afford him every facility. We will go further, and say that it should empower a body like the Pharmaceutical Society—the Apothecaries' Society having so long abdicated the authority—to watch over the interests of the trade, and license those who engage in it, to the exclusion of all not so qualified. It is important in the interest of public safety that the possession of a licence from some corporate authority should be made indispensable to the right of dispensing, whether as principal or assistant. Meanwhile, the law should be equally stringent in its prohibition of a practice which makes an acquaintance with drugs the ground of a pretension to the right of employing those drugs as remedial agents. The apothecaries of past times became practitioners of medicine — that development grew out of the exigencies of the epoch. There did not then exist an intermediate class of men between the rank of consultants and vendors of drugs. It was a necessity of a *social* situation that such a class should exist; the apothecaries, being qualified, occupied the vacant field, and the law in due time recognised their claim. No such social need is felt at this moment. A class of general practitioners, who are able and willing to treat "simple complaints" as well as grave maladies, exists, and the chemists and druggists who are striving to force themselves into the already crowded province, are in no sort of way qualified to discharge the duties they aspire to undertake. The defendant in the recent case—which it is needless to say must be regarded as a test action—based his argument on the fact that in the Act of 1815 it was provided that the *bonâ fide* chemists might carry on their business according to the custom of the trade extant before the passing of the Act. The clause on which the defendant relied is susceptible of two interpretations. It may be read as applying exclusively to the individual keepers of drug shops carrying on trade in 1815, or to the sale of drugs in a shop without prescriptions before and after the Act came into operation. It is not a matter of great moment which interpretation be adopted. The sole and express purpose of the passing of the Act was to give the power of prescribing exclusively to qualified men, and bar all other persons whatsoever from the exercise of medical functions for gain and reward. We think it would be more discreet to rest the appeal on the preamble and general tenor of the Act than upon any particular clause; and, technically, it might be better to originate a new proceeding than to carry one which has been hampered with needless difficulties to the highest Court. The question must be tried on its merits, and we would counsel that, in the interests of the public and the profession, it should be placed on a broader basis. It would be better to have a case in which the appeal for advice was *bonâ fide*. Unfortunately there is no difficulty in finding such cases; they are of daily occurrence; and a jury would be certain to regard this question with greater impartiality if there were nothing of a "trap" involved. The real issues in which we are all concerned may be stated thus: 1. Is the Apothecaries' Society or the College of Physicians at the present moment the legal controlling authority to which the medical profession must appeal for the suppression of counter-practice by chemists? 2. Is the Pharmaceutical Society prepared to take up a clear position with regard to counter-practice, and to assume legal responsibility for the conduct of the retail trader in drugs on prudential principles? These preliminary questions might well be decided before the larger issue is submitted to the superior tribunals. The question raised by this case is of

crucial and vital moment to the profession, and of not less interest to the public; but we are not prepared to advise that the case of "The Apothecaries' Society *v.* SHEPPERLEY" should be pressed as a test suit where interests of extreme gravity are involved. It would be better, in our judgment, to raise the great issues more directly, and on the broader and more substantial basis afforded by the Act of 1815 as a whole, with the preamble, which must be construed as part of the statute itself, and the legal declaration of its purpose and scope.

THE Thirteenth Annual Report of the Sanitary Commissioner with the Government of India has quite a special interest among the series of reports of which it is the latest issued. It is from the pen of Dr. TOWNSEND, the officiating commissioner for the period, and while dealing with the great epidemic of cholera which in 1875-76 spread over Hindostan, and seeking to throw some light upon the atmospheric conditions which determine the prevalence of the disease, it is supplemented, in an appendix, by a report on cholera in relation to certain physical phenomena, by Drs. T. R. LEWIS and D. D. CUNNINGHAM, the special assistants to the Commissioner. The two reports necessarily treat, in their etiological bearing, of the same subjects, but the conclusions of Dr. TOWNSEND in regard to them differ as widely from those of his special assistants as they do from those of Dr. J. M. CUNINGHAM, whose place he was for the moment filling. Dr. TOWNSEND'S report as to cholera (which must not be confounded with his report on the same subject, for the same period, for Central India) is, indeed, a strange bit of heterogeneity in the later reports of the series to which it belongs, and it brings into startling relief that curious method of ratiocinative procedure which has of late years characterised the reports of the Sanitary Commissioner with the Government of India, and is itself a scarcely less curious example of procedure.

Dr. TOWNSEND, having regard to his large opportunities of observation and the experience he has gained as Sanitary Commissioner for the Central Provinces, his etiological work done there constituting one of the very best examples of what such work should be in India, has come broadly to the conclusion that the varying incidence of cholera in the peninsula, in divers places and different seasons, is largely, if not wholly, a question of local impurity of water-supply. Applying this conclusion to the prevalence of cholera in India in 1875-76, and examining in a most elaborate study the phenomena of diffusion and general conditions of the disease in different geographical districts, he sees ground for belief that the phenomena observed on the greater scale correspond with those observed in more local outbreaks, and leave little room for doubt that the influence of the various and even opposite atmospheric and local conditions under which cholera occurs "is due to their action on the water-supply of the people." But when we read that "a satisfactory conclusion" on the several points considered "can only be arrived at by a minute examination of the circumstances under which outbreaks have occurred," we seriously question the value of an exercitation such as this, even as an "indication of inquiry"—for the purpose, in fact, for which it has been penned. We doubt the scientific utility of broad generalisations of this kind, affecting vast districts of country and vast and various populations, and which cover an undeterminable number of unknown quantities, so to speak. According to Dr. TOWNSEND himself, what is needed in this field of etiological inquiry is "the minute examination of the circumstances under which outbreaks (of cholera) have occurred." What good, then, is done by endeavouring to anticipate such inquiry? How is such examination to be promoted in India?

Drs. LEWIS and CUNNINGHAM, in their contribution, submit to careful examination the prevalence of cholera in two selected but still considerable areas—an endemic area (Calcutta), and a non-endemic area (Lahore), in relation to meteorological phenomena, the humectation, temperature, and ventilation of the soils. The data at their disposal, at the best, admit only of a tentative effort to elucidate the relations of the several physical phenomena with the prevalence of the disease, and as such, and if this effort had been restricted to the just limits of inquiry and its results, the report would have deserved the highest credit. But the reporters thought fit to proceed to apply the provisional results of a purely tentative research to a discussion of, as they phrase it, "the principal theories regarding the *essential cause* of cholera." English readers will be surprised to learn that the theories here referred to, and regarded as touching the question of *essential cause*—not the conditions of prevalence, be it observed,—are the "contagion," the "water," and the "soil" theories. They will also be surprised to learn that if the prevalence of cholera in the endemic area "were dependent on direct contagion, the maximum prevalence should occur at those times of year when the population is most liable to close association." As this is not the case with cholera, the reporters thus easily get rid of the question of contagiousness of the disease, and, happily for us, if we could but believe it, of the contagiousness of scarlet fever and measles also! In other words, Drs. CUNNINGHAM and LEWIS use the word *contagion* in the peculiar sense which PETTENKOFER attaches to the word, but omit all consideration of the *transmissibility* which that writer attributes to the disease, and in so doing leave out a consideration *essential* to a correct appreciation of his views, although obviously these views exercised a powerful influence over the course of the inquiry and the results reported. Further, as to the water theory, the reporters state that if it were true, the disease *ought* to occur just when it does not (Dr. TOWNSEND notwithstanding), and therefore it may equally be set aside with contagion. Finally, as to the soil theory, what *ought* to happen is not here clearly apparent, but what probably does happen is a relation, as suggested by the reporter, between the prevalence of cholera and states of soil-ventilation from which good results may be anticipated from future research. Similar looseness of writing characterises the observations on cholera in the non-endemic area, and culminates in "the conclusion"—English readers will here again be surprised to find—that as to fatal sporadic cholera, as observed in the Andamans, "somewhat similar (!) cases habitually occur in every city in India, as well as, every summer, in nearly all the large cities of Europe"; and that "cholera, instead of spreading itself over the country on any systematic, geographical plan, often appears simultaneously in districts perhaps a thousand miles away"; but they will be relieved to learn that a truth fully known and acted upon in this

country since 1848-49—namely, that the local prevalence of cholera may be controlled by sundry local improvements (sanitary it is to be presumed)—is beginning to dawn upon the sanitary staff with the Government of India, even if through a roundabout hypothesis. Drs. LEWIS and CUNNINGHAM write: "The fact that the production of malaria is so greatly under the control of improvements in local conditions warrants us in looking confidently to similar results with regard to the cause of cholera also."

What is there in Government House, Calcutta, that even Dr. TOWNSEND must succumb to the infection of bad method which seems to attach to it? Both Dr. TOWNSEND'S and his special assistants' reports show that there are years of close work to be accomplished, in specially selected workable localities, under conditions clearly defined and rigorously carried out, before broad generalisations and speculations, such as those of the sort now indulged in, can be other than pitfalls and snares to the unwary. Hardly a beginning of such work has been made in India, nor even seems to be contemplated seriously with the Government of that country, the appointment of Drs. LEWIS and CUNNINGHAM nevertheless. No systematic attempt has yet been made, worthy of the name of scientific procedure, even to clear the ground of the peculiar and grave difficulties which surround etiological work as to cholera in India, especially in the endemic area. To seek in the present state of etiological research there to apply the crude results to the confirmation or the reverse of European inquiries on the subject is simply an absurdity—in the words of a Persian proverb, is to go into a darkness with a mirror for the purpose of beholding oneself. The etiological problem as to cholera in India, and the conditions under which it is practicable to study it scientifically with prospect of success, have never yet been clearly defined; and until this be done, the greatest ability must be for the most part wasted in attempting to solve it. The one method of attack is well stated in Dr. TOWNSEND'S words — namely, "a minute examination of the circumstances under which outbreaks have occurred." Would that the sanitary staff of the Government of India could devote its attention for a few years to fostering such minute examinations in various parts of India, and developing in etiological work the same sort of accurate procedure which is called for in physiological and pathological work, not turning aside from this fundamental task in hasty zeal to anticipate results, interrupting their course, as BACON would have said, like ATALANTA, to pick up the golden apple, and so foregoing real success.

A LECTURE has recently been translated which was given about a year ago by VIRCHOW to a German Association for the Advancement of Science upon the "Freedom of Science in the Modern State," and which contains much to interest and instruct. At the time of its delivery a powerful address had been made by HAECKEL, in which the theory of the evolution of all existing organism from a single organic cell had been advanced as an almost self-evident conclusion, and as sufficiently established to permit it to be taught in every school. A second and scarcely less daring proposition had been laid down by NAEGELE to the effect that the province of mind should not only be extended from animals to plants, but that we should finally pass over from the organic to the inorganic world with our conceptions of the nature of mental operations. Professor VIRCHOW'S observations constitute a strong protest against the propriety of presenting such hypotheses to the general man or reader without clearly pointing out what is ascertained fact and what is mere theory, however specious or probable that may be. In Germany, perhaps more than in any other country, the emancipation of the Professors in the various universities from control, and the freedom of speech enjoyed by them, are complete. At this moment, says the Professor, throughout Germany men are busied in renovating, extending, and developing the system of education, and inventing fixed forms in which to mould it. On the threshold of coming events stands the Prussian law of education. In all the German States larger schools are being built, new educational establishments are set up, the universities are extended, and "higher" and "middle" schools are founded. And now comes the question, What is to be the chief substance of the teaching? To what are the schools to lead? In what direction are they to work? Natural science demands, he continues, and we have all for years urged, that we should gain an influence over the schools; we require moreover that the knowledge of nature should be admitted in an ever-increasing measure into the regular course of teaching, and that this fruitful material should be presented betimes to the youthful mind as the groundwork of new views; we must confess, therefore, that it is high time we should ourselves come to an understanding as to what we *can* and what we *will* demand.

Taking the evolution theory as an illustration, it is, he says, either correct or incorrect. If correct, it is so completely at variance with views that have long been generally accepted that it constitutes a sort of new religion, and must be imported as a whole into the schools; for, even if not ordered to be introduced, the schoolmaster who accepted it would necessarily have his mind so tinged with the doctrine that it would influence all his teaching and force its own way. But the evolution theory is still on its trial; it has been extended far beyond the limits in which it was bounded by the caution of its originator, and on a certain basis of solid fact a great superstructure of hypothesis has been raised. So with Professor VIRCHOW'S own well-known formula, that every cell is derived from a cell: there have not been wanting others who not merely extended this statement in the organic world beyond the bounds to which he had restricted it, but transferred it beyond the bounds of organic life—as holding good universally; and he states that he has received the most extraordinary communications from America and Europe in which the whole sciences of astronomy and geology were based on the cell theory. Such hypotheses are clearly beyond and outside of the educational system. They may be suggestive and useful to the Professor, but they are utterly unadapted and harmful to the student. For him and for the general public the distinction between what is absolute fact and what is only presumption should be sharply defined and clearly recognised. The teacher should teach that alone which he knows to be true and irrefragable; for it must not be forgotten that, when the public see a doctrine which has been presented to them as established and claiming universal acceptance proved to be faulty, many are led to lose faith in science, and to reproach it with insincerity and instability.

The current number of the *Nineteenth Century* contains

an article by Prof. TYNDALL on the lecture we have referred to above, which, though written rather too much in the *l'état c'est moi* strain, contains an interesting account of the mode in which his own views have been formed. We do not quite see the very frequent glances in Prof. VIRCHOW'S lecture to the address delivered by Prof. TYNDALL at the Midland Institute last autumn which he thinks are present; still some topics are common to both, and it is satisfactory to find that although Prof. TYNDALL holds rather advanced views on various points, he is fully in accord with the learned German savant in thinking that no shocks should be given to the public mind in science till the facts are absolutely certain on which the reformation or revolution is founded, and this he maintains has always been his own practice in regard to such doctrines as those of evolution, of spontaneous generation, of contagia viva, and the like. He has never advocated their introduction into schools, and he thinks they should bide their time till the free conflict of discovery, argument, and opinion have won for them due recognition. It is clearly unwise to disturb the long-cherished beliefs of a nation, however erroneous, till the foundation of those by which it is proposed they should be replaced is deeply and solidly laid.

Annotations.

"Ne quid nimis."

INVALIDS FROM CYPRUS.

ABOUT 220 men arrived from Cyprus and other Mediterranean stations last week, and were transferred on Saturday, the 9th inst., to Netley. Of these about 150 were time-expired men and convalescents, and only about seventy had to be admitted directly for treatment. Subsequently, however, additional cases from among the former had to be put under treatment on account of outbreak of ague. In none of the Cyprus cases have any scorbutic symptoms shown themselves, and the dysenteric cases are very few. The large majority are purely of a malarial character, and apparently somewhat severe. The disease is distinctly periodic, although somewhat irregular. The cold stage appears to be unusually prolonged, and the hot stage very often short and sometimes inappreciable. There is very marked anæmia, and considerable loss of flesh. The complexion and expression of countenance are very characteristic of the malarial cachexia, and form a striking contrast to the appearance evinced by cases of so-called Mediterranean fever, of which several well-marked examples have arrived from Gibraltar and Malta. There can be little doubt that the Cyprus sickness has been almost entirely malarial, and quite different from the ordinary Mediterranean fever so common in our other stations.

METROPOLITAN AMBULANCES FOR INFECTIOUS DISEASES.

THE fate of an attempt upon the part of the vestries and district boards of London to relieve themselves of another portion of their duties as metropolitan sanitary authorities is instructive from one or two points of view. In March last, when small-pox was severely epidemic, Dr. Stevenson, the medical officer of health for Paddington, addressed a letter to the Managers of the Metropolitan Asylum District, which was endorsed by the guardians, in which, after reviewing in detail the provision made by the several metropolitan local authorities for the removal of their infectious sick poor to hospital, he came to the conclusion that the arrangements in force are "improvident, insanitary, and inconvenient." The letter urged that on this account the local authorities should be relieved of a duty which is performed in so unsatisfactory a manner, and that the Managers of the Asylum District, in addition to providing hospitals for the infectious sick, should also "supply the conveyances, with horses and drivers, necessary for the removal of patients to such hospitals." Nearly three months after the receipt of this letter, the managers (on June 4th) addressed a letter to the Local Government Board, asking whether the Board is empowered and would be willing to confer upon the managers the necessary powers to give effect to the recommendation of the Paddington guardians in the event of the managers desiring to do so. On August 23rd, after, it may be presumed, nearly three months of the most mature consideration, the Board replied to this letter, and expressed their inability "to satisfy themselves that the managers can legally undertake the proposed additional duties." On the 19th October, just seven months after the suggestion was first made by Dr. Stevenson, the managers of the Asylum District adopted the report of their committee, to whom the matter had been referred, and who had come to the conclusion that it is part of the duty of the local authorities to see that proper provision is made for the removal of the sick poor suffering from infectious diseases to the hospitals provided for their reception, and that any responsibility arising from the want of this proper provision must rest with such local authorities and with the Local Government Board under whose orders they are said to act. It seems clear that the provision and organisation of a satisfactory ambulance system for the removal of the infectious sick poor should rest with the local sanitary authorities singly or in combination, and that unless the District Asylum Board were constituted the central metropolitan health authority there would be no valid reason for putting upon them the duty of providing this ambulance service. That a reorganisation of the sanitary government of this great metropolis is urgently needed we have long felt, and we can but think that the readiness with which the present local authorities seek to evade any of their sanitary duties which present administrative difficulties affords the strongest reason for the creation of a representative central authority that might give a little useful cohesion and more vitality to the present far too numerous disjointed vestries and district boards forming the metropolitan sanitary authorities.

THE DANGERS OF HURRY.

A RECENT painful case illustrates the danger of hurrying to catch a train. The peril is very considerable, and it besets most men in these busy times. It is not perhaps a matter of social concern, but it is one in which every member of the community has a personal interest. The high pressure and speed at which we live, and the impetuous haste of business in these days of extreme utilitarianism, do not allow any exemption from the common *rush*. Even the staid and deliberate classes are affected by the rapid movement around them, and must needs hurry to keep their place. No inertia can check the torrent, and the stoutest resolve to move slowly is powerless to stem the flood. It remains to adapt the conduct to the inexorable conditions. There is only one remedy for the evil of hurry, and a single protection against its consequences—that is orderly method. Never in the history of intellectual and commercial progress was the need of order more urgent. It is not the amount of work accomplished that exhausts the strength and leads to a break-down; it is the effort made, and the worry of making it, that overtax the energy of control and the strength of action. Perhaps one of the most

prolific causes of collapse in recent times has been the lack of training. This is not sufficiently recognised. In the old days of "apprenticeship," and slowly built-up qualifications for work, youths were specially trained for their business in life, and the difficulties of the career came upon them gradually. Now one-half of the labourers in any department of industry have entered it in some sudden way, and industry has become a general *melée*, in which those who can by effort accomplish the greater results are counted successful. The effortless, though not always the least capable, are vanquished. What takes place in regard to work finds its parallel in, and is to a great extent the cause of, the hurry and worry of the busy world as a whole. Everything and everybody presses forward at high speed, and success means outrunning competitors. The maxim of safety—to avoid physical hurry and mental hurry alike—is, Prepare, deliberate; in a word, adopt an orderly method. The man with a weak heart who endangers his life by hurrying to catch a train, unless under altogether exceptional circumstances, is probably the victim of a defect in early training, which leaves him at the mercy of impulse without order; or he is striving to fill a place in life for which his chief qualification has been the faculty of accomplishing by effort more than can be achieved naturally by steady labour. Some persons are ever hurrying after their engagements; others are goaded onward by the pressure behind them; but however the "hurry" is produced, it is full of peril to happiness of mind and health of body, and in the end, by exhaustion, if not prematurely by accident, it *kills*.

IRON THAT WILL NOT RUST.

PROFESSOR BARFF'S invaluable invention, by means of which he gives to ordinary iron an incorrodible coating of the magnetic oxide, is one which is likely to be of great service to the cause of practical hygiene. We have lately had an opportunity of visiting Professor Barff's laboratory, and of seeing his process and its results. The process is exceedingly simple, and consists merely in the subjecting of iron to the action of superheated steam—steam having a temperature of 1500° F. The steam is generated in an upright boiler, and is then conducted through the "superheater," by means of which the necessary temperature is imparted to it. The iron article to be acted upon is placed in a chamber built of fire-clay, and the steam being admitted to it, a coating of magnetic oxide is soon produced on the surface. The finished article has a dull-black appearance, and is susceptible of a slight degree of polish if necessary. We saw some gun-barrels which had been coated with magnetic oxide, and it was noticeable that the bore presented the ordinary glistening polished appearance. The surface coating is absolutely adherent, and is so hard that it is not removable by ordinary methods—an iron rasp, for example, having no effect upon it. All the agents which usually cause oxidation of iron exert no action upon Barff's iron. Salt or fresh water, vegetable acids, and even the London atmosphere are unable to produce the slightest tarnish or impairment of quality. We saw water-troughs and saucepans which had been left filled with water for weeks, but upon which no particle of rust was visible. Iron piping and ornamental castings were lying among the wet leaves in the garden outside the laboratory, and had been lying there for seven months past, but the atmosphere had been unable to exert any action upon them whatever.

The cost of the process is but trifling, and is cheaper, we believe, than "galvanising," and much cheaper than the constantly recurring necessity of painting.

Its applications to sanitary purposes are obvious. It will be a great boon to have watercloset pans, soil-pipes, traps, and urinals which do not corrode. We saw a urinal which had been in use for many weeks, and upon which, curiously enough, the urine had not even left a stain. This latter fact is very strange, and not very easy of explanation. For water-pipes the black iron will be invaluable, and also for water-cisterns. For cooking it is quite equal to copper, and does not lead to the occasional danger of copper-poisoning which arises when copper utensils are employed. For making pickles, we believe, it is necessary, or, at least, it is the custom in large factories, to use vessels of platinum, the cost of which is enormous. Professor Barff's invention, however, will do away with this expensive necessity. Iron vessels of all kinds can be coated with magnetic oxide by Barff's process, and in the professor's laboratory may be seen a very large assortment of ironwork of all descriptions which has been submitted to the superheated steam. We trust that a suitable short name will be found for "iron which has been coated with magnetic oxide," for it seems very undesirable to use eight words where one or two would do. Why should not "Barff's iron" become its accepted title? Professor Barff is preparing a collection of hygienic apparatus for presentation to the Parkes Museum, where it may be inspected by all who are interested in sanitary matters.

ULCERATION OF THE FRÆNUM LINGUÆ IN WHOOPING-COUGH.

ENOUGH, and more than enough, has been said about the importance of ulceration of the frænum linguæ as a diagnostic sign in whooping-cough, and many have been the claims for its discovery put forward by ardent observers. It would hardly be exaggeration to say that not a year passes without some one, observing it himself for the first time, hasting to publish to the world as a novelty a fact which is as old as are most clinical facts. Now at length it is to be hoped the subject may rest in peace, for at a recent session the Paris Academy of Medicine received a report upon it by a committee consisting of MM. Roger, Gueneau de Mussy, and Moutard-Martin, to whom a paper by M. Delthil "On the Diphtheroid Ulceration of Whooping-cough: its value, frequency, and relations to the disease," was referred. That author, like many others, considered the ulceration in question to be an initial sign of the disease, preceding the onset of cough, and forming a part of the affection as marked as the eruption in an exanthematous fever. Others, and they are the majority, see in it only the result of mechanical injury to the frænum by the lower incisors when the tongue is protruded in the paroxysm of coughing. The Committee reported as follows: That the sublingual ulceration occurs in whooping-cough, and its presence is an almost certain sign that the attack is a severe one. It is purely traumatic in origin, requiring for its formation the propulsion of the tongue, and the repeated friction of the frænum against the incisor teeth in violent paroxysms of coughing. This is proved by its occurrence only during the height of the disease, when the convulsive attacks are most violent, cicatrisation taking place as soon as the cough moderates. Further, it has the character of an incision or laceration, whilst its nearly constant seat on the frænum, which is most liable to be wounded by the teeth, goes to prove the same fact; varieties in its situation depending upon the number, form, and disposition of the teeth. The most positive proof of all in favour of the traumatic view is the absence of the ulcer (even in children well furnished with sharp teeth) in mild cases of whooping-cough, where the paroxysm does not lead to protrusion of the tongue, and its absence also in infants before dentition or in children who have just shed their first set. The report then shows the fallacy of the "specific" view, and proves that it is not "diphtheroid" at all in nature, and concludes by stating that ulceration of the frænum has no pathological significance, since it is only a local complication and an accident of the disease; but as "it is not met with in any other affection it becomes in

certain cases a symptom of value—a certain sign of whooping-cough, and usually of a severe attack; it thus acquires great semeiotic value." The only question that occurs is whether it required so learned a commission to give us this assurance. The "value" of the symptom is minimised by its occurrence only, or mostly, in well-marked and severe cases.

THE EPIDEMIOLOGICAL SOCIETY.

THE Epidemiological Society opened its session on the 6th instant, in its new quarters, University College, with an address from the President (Surgeon-General John Murray), conceived in the style for which the Presidential addresses of the Society were once famous. Dr. Murray took for his subject the Geographical Distribution of the principal Epidemic Diseases which had prevailed in 1876–77, with the intent, as it would appear, of reviving a style of address which at one time was characteristic of the Society. Readers of its Transactions will know how, year after year, the late Dr. Babington, long the President, aided by the late Dr. M'William, submitted, at the opening of each session, to the Society a sketch of the principal epidemics at home and abroad which had prevailed in the preceding year. These addresses formed the only available history of the general progress of epidemics at the time, but this sort of address would seem to have lately fallen into disuse in the Society. Dr. Murray has revived the practice, we think judiciously. He made no pretence to an exhaustive account of epidemics in 1876–77, pleading the difficulties which beset him in obtaining the needful information, and he devoted his attention mainly to the progress of epidemics in India; not, however, omitting information relating to cholera and plague elsewhere as well as to yellow fever. The Nestor of the Indian Medical Service was at home in Hindostan, and his address was interspersed with many quaint and curious narratives derived from an experience which went back to the first great extension of cholera in 1829–32. The example set by Dr. Murray—an example also given by Dr. Gavin Milroy and by Sir William Smart, K.C.B., M.D., both his predecessors at one time or other in the chair—will probably lead to a revival of the annual reports on epidemics which were once a feature of the Society's proceedings; and it ought not to be possible, having regard to the formidable array of the Society's foreign and colonial secretaries, that either the President or the Society should want the material for framing such a report.

THE LOCAL GOVERNMENT BOARD, IRELAND.

THE Local Government Board, Ireland, has reported its proceedings for the year 1877 under the Public Health Act (Ireland), 1874. The newly-created board had to start from a point, as to local action in sanitary matters, much in the rear as compared with the corresponding Board in this country, and its difficulties were proportionately greater. It is pleasing to find, therefore, that notwithstanding this disadvantage, and other disadvantages, self-created after the manner of the English board, distinct progress in local sanitary work has been made in Ireland during the last three years. The work chiefly, and, so to speak, necessarily, relates to sewerage and water-supply. Unlike England, the chief towns in Ireland are those of which least can be said as to sanitary work. As the Local Government Board apologetically puts it, when referring to Dublin, Belfast, Cork, and Limerick, as works in these places must be undertaken on a large scale, they "are not very promptly resolved upon by the governing bodies." The second-class cities and towns, such as Waterford, Wexford, Londonderry, &c., show themselves much more anxious to execute sanitary works and to seek pecuniary help or loans from the Government for the purpose. The smaller towns, again, are "less disposed to act in a public spirit." With regard to the rural sanitary authorities, who have direct relations with the inspectors of the board, a far greater degree of activity appears to be shown, and during the last three years the Board has issued 290 orders as to works of sewerage and water-supply affecting 5724 town-lands, and which had been applied for by 132 different boards of guardians acting as rural sanitary authorities. Thirty-one only of the rural sanitary authorities have as yet made no movement in promoting sanitary works. The total amount of loans for sanitary works recommended by the board, on fifty-two applications from sanitary authorities, amounted to £140,725.

One of the most interesting features of the report is a series of circulars on "filth-removal." On this subject the Local Government Board (Ireland) has displayed an amount of intelligence which, under such circumstances, might almost be designated genius—if genius can be predicated of a Board. From the beginning the Board recognised the pre-eminent importance of the question of filth-disposal in the villages and towns of Ireland, and the inapplicability to them of any complicated or costly engineering schemes for such disposal. It sought therefore for alternative schemes, and, in respect to excremental filth, adopted the well-known report of the English Local Government Board, and distributed this report to the sanitary authorities under its supervision for their information and guidance. Further, through one or other of its members or officers, it has personally studied in England, from time to time, the alternative systems which gave best promise of applicability to Ireland, and upon these studies it has founded excellent circulars for the help of the sanitary authorities, of which specimens are to be found in the present report.

TRICHINÆ IN FISH.

A STATEMENT has been going the round of the papers to the effect that fish have been found infested with trichinæ. Dr. A. Elendenin is said to have examined the flesh of a pike, and "found it to be full of these dangerous parasites." The pike was taken near Ostend, and "it is supposed that a shoal of these fish have been devouring offal in the harbour." So runs the story. Before we can accept this interpretation of the facts observed, it is desirable either that the parasites be submitted to some competent helminthologist for the purpose of identification, or that the matter be brought before some scientific society. All that is at present known concerning the development of trichinæ is entirely opposed to the statement that these worms are capable of living in fishes. In the early days of helminthological research it was not unnatural that different kinds of young worms should be classed as trichinæ. Thus Bowman described trichinæ from the eel (*Trichina anguilla*), and Siebold encountered similar trichinæ-like parasites in various water-birds (*Trichina affinis*) and in a lizard (*Trichina lacertæ*). The experiments of Leuckart, Pagenstecher, Cobbold, and others appear to us to have conclusively demonstrated that trichinæ can live only in warm-blooded vertebrates. Even in birds it is difficult to rear muscle flesh-worms, though Fuchs and Pagenstecher succeeded in rearing intestinal trichinæ in crows, pigeons, and ducks. Experiments on reptiles, fishes, insects, and earthworms have utterly failed. Young observers are very apt to regard the larvæ of nematoid worms as species of trichina. As to the danger of eating fish, and in particular the flesh of the pike, our readers may rest assured that it is practically *nil*. The ravenous appetite of "hecht" no doubt renders him very liable to harbour parasites; and so much is this the case that even young jack, measuring only a few inches in length, have been found to contain entozoa. We do not say that fishes are never a source of human entozoa, since some comparatively recent observations of Leuckart and Schneider render it probable that the

great kidney-worm *(Strongylus gigas)* lives in fishes in the young state, whilst the still more recent observations of Dr. Bertolus almost furnish proof that people contract the Swiss or broad tapeworm *(Bothriocephalus latus)* by feasting on imperfectly-cooked trout. We may add that all full-grown fishes sold in the shops as food are liable to contain entozoa; but, with the exception above-mentioned, none contain parasites injurious to man.

THE DIFFERENTIATION OF COMA FROM ALCOHOL.

DR. MACEWEN, in opening the winter session of the Glasgow Royal Infirmary School of Medicine, chose for the subject of his address the means of distinguishing the coma produced by alcohol from that produced by apoplexy, opium, and other causes. There may be some difference of opinion about the fitness of such a subject for an opening address. We ourselves are disposed very much to question it. But there will be no difference of opinion as to the interest of Dr. Macewen's contribution to the solution of a difficult question in diagnosis. After alluding to Dr. Richardson's statement that in alcoholic coma the temperature falls, and that this is a distinguishing mark from other forms of coma, Dr. Macewen alleges that he has observed the temperature in a series of cases of fracture of the skull, opium-poisoning, and apoplexy, and that in all these cases the temperature was found very much below the normal. Consequently this point is not to be relied on for purposes of diagnosis. He also controverted the statement that in alcoholic coma there is dilatation of the pupil. He had found contraction the rule. But he had accidentally discovered that if a patient was shaken or disturbed, the pupil dilated, but very soon contracted again. He therefore lays down the rule that an insensible person, who, being left undisturbed for from ten to thirty minutes, has contracted pupils, which dilate on his being shaken, without any return of consciousness, and then contract again, can be labouring under no other state than alcoholic coma. Dr. Macewen's position in the Royal Infirmary of Glasgow gives his observations on this subject much authority. But the test must have a larger trial before it can be finally accepted.

THE LATE MR. PHELPS.

WE have been favoured with notes of the illness of Mr. Phelps, by Dr. G. F. De la Cour, of Camden-road, his medical attendant. It appears that during the past two years Mr. Phelps had been gradually failing in health. He suffered occasionally from loss of power in his legs, loss of memory and appetite, and with restlessness at night, though able to carry out his professional engagements. In March last, whilst acting at the Aquarium Theatre, he received a chill, and was confined to his bed for about a month, suffering from congestion of the brain. Though not insensible, he suffered from confusion of thought and hallucinations, and was intensely prostrated. He rallied from this attack, and by a stay of a few weeks at a farmhouse near Epping he so far improved that on his return he felt better than he had done for years. However, his strength gradually began to fail, and he returned to Epping about six weeks ago. He was then soon seized with dyspnœa on slight exertion, and pain in the left side. These symptoms passed off in two or three days, and then he became confused in mind and speech, and this gradually increased to a state of unconsciousness. Occasionally at first he seemed to recognise his friends, and to say a few words coherently, but only for a very short period. He remained in this state for about a fortnight, never regaining consciousness. He died on the 6th inst., aged seventy-four. Dr. George Johnson saw Mr. Phelps in consultation with Dr. De la Cour in March, and Sir William Jenner a short time before his decease. The loss of this distinguished actor—one of the most scientific impersonators of character on the modern stage—will be keenly and widely felt.

THE WOMAN-DOCTOR QUESTION IN RUSSIA.

THE following bit of news will serve to clear up a misapprehension existing in this country as to the position of the woman doctor in Russia. It is widely believed here that the woman doctor is a recognised institution in the empire of the Czar, a belief in some sort warranted by the prominence which has of late years been given in the medical schools of St. Petersburg to the training of women students in physic. According to the Russian *Medical Gazette*, it would appear that the question of women medical practitioners is not yet settled in Russia. On the 29th of October last the right of women who had completed a course of medical training to practise medicine in the empire was brought formally under the consideration of the Sanitary Council attached to the Ministry of the Interior. After prolonged discussion, the council unanimously resolved as follows:—"Although the right to practise medicine by the female students of the medical faculty has not to the present been recognised by the legislative authority, having regard to the evidence now submitted by the professors, that these students are fully competent to exercise the medical profession, the Sanitary Council will itself endeavour to obtain from the Government the authorisation necessary for them to enter upon practice."

SMALL-POX IN LONDON.

DURING the week ending the 9th instant nine deaths from small-pox were registered in London, against but four and three in the two preceding weeks; no death from this disease was recorded during the week in nineteen of the largest provincial English towns, having an aggregate population nearly equal to that of London. The increase in the fatal cases of small-pox in London had been foreshadowed by the increase of cases admitted to hospital in recent weeks. All the nine fatal cases recorded occurred in the Metropolitan Asylum Hospitals at Deptford and Hampstead. Eight were certified as unvaccinated, and the ninth was of a vaccinated adult. The increase of hospital cases continues, hence the deaths will also probably increase. The Metropolitan Asylum Hospitals contained 119 small-pox patients on Saturday last, against 91, 97, and 112 at the end of the three preceding weeks, and the new cases admitted, which had been 8, 21, and 34 in the three previous weeks, further rose to 37 last week. The Highgate Small-pox Hospital contained two patients on Saturday last.

THE ABSORPTION OF ALBUMEN.

A. SCHMIDT-MULHEIM asks the question, whether digested albumen necessarily passes through the thoracic duct to enter the blood? To answer it he applied ligatures to the right and left thoracic ducts, and found the animals, if well fed, preserved all the appearance of sound health, and he noticed in particular that in dogs there was no diminution in the elimination of nitrogen. He describes in detail the changes in the lymphatic system resulting from the application of the ligature, the dilatation of the lymph and chyle vessels, the infiltration of the perivascular connective tissue, the extravasations of chyle in the cavities of the abdomen and thorax, and the enlargement of the mesenteric glands. With oleaginous chyle, he found that in almost every instance there were extensive infiltrations and extravasations, of a milky fluid, though there did not appear to be, as he convinced himself by mingling colouring matters with the chyle, any rupture of bloodvessels. In opposition to Sir Astley Cooper, who noticed rupture of the thoracic duct,

and the escape of its entire contents, so that it was always empty and collapsed after ligature, Schmidt-Mulheim found it invariably tightly distended, and never injured. The general result of his experiments was to show clearly that after complete obstruction of the chyle, and prevention of its entrance into the blood-circulation, the digestion, absorption, and metabolism of the albuminous compounds proceeded as usual.

THE GROCER'S LICENCE.

WE have not for some time past pointedly alluded to the subject of the grocer's licence, but the movement engages our anxious thought. The Church of England Temperance Society applied to us some months ago for permission to address certain questions to the medical men who signed THE LANCET Memorial on this subject. We are informed that the proposed interrogatories were circulated among some two hundred of the nine hundred and twenty gentlemen who approved the protest we drew up. The result has been the collection of a mass of evidence which has, we are informed, been placed at the disposal of the Select Committee on Temperance. We could not take more direct action in this matter, because our own opinion is decidedly in favour of moderation in the use of stimulants rather than total abstinence. The movement, which was originated in these columns, had for its sole object the repeal of a law which permits the irresponsible sale of intoxicating drinks in bottles over the counter of the grocer's shop. We thought, and still firmly believe, the grocer's licence has done incalculable harm by affording new facilities for secret drinking, of which female servants, respectable women, ladies, and even children, have availed themselves, to their own great injury. It was impossible to place specific evidence, with names, places, and dates, as the Select Committee desired, before the public. That procedure would have involved a serious breach of professional confidence. Meanwhile we venture to think the Select Committee should give weight to the protest of the nine hundred and twenty medical men who, entirely on public grounds, signed the protest, and we can only hope this strong testimony against the licence may yet receive the attention it claims, and ought to command, if not in a Select Committee, in the Legislature and the country at large.

THE RED CROSS.

THE National Society for Aid to the Sick and Wounded in War has published a report of its operations during the Russo-Turkish War. The work of the Society was, in the first instance, and for the most part throughout the war, necessarily given to the Turks, the Russians refusing help, except as money, and money-relief could not be given by the rules of the Society. At a latter period of the war the Society was enabled to give very welcome assistance by stores to the Russian forces on the Danube, and some personal assistance, as well as stores, to the Roumelian and Russian sick and wounded in hospitals at the war on the left bank of the Danube. The first measure taken by the Society was to despatch to the Black Sea a vessel carrying Red-Cross freight to the value of £7000, with five surgeons, and a chief-commissioner, Mr. Young. This vessel left the Thames on the 22nd June, 1877, and arrived at Constantinople on the 15th July. On the 19th July a field ambulance, under Dr. Armand Leslie, was despatched from Constantinople; and on the 24th a second ambulance was established with the Army on the Lom. A third ambulance was also established near Batoum on the 31st July. Large stores were further sent to Erzeroum. In October a depôt was established at Varna; and in November a hospital for twenty-nine beds was established at Silistria, and subsequently another hospital for twenty-seven beds. Much relief was also given to the troops on the retreat from the Balkans, and hospitals established both at Gallipoli (3) and at Salonica. The medical staff consisted of nineteen surgeons, the greater number of whom saw very hard service in the field or the field hospitals, and one, unfortunately, Mr. F. G. Meyrick, succumbed to sickness and overtasked powers. Including a small sum expended in Montenegro, in stores given to the Russian Red Cross Society, which had there fully occupied the ground, the amount of money expended by the National Society in Aid to the Sick and Wounded during the war was £30,143 5*s.* 3*d.*

THE COST OF THE ANTISEPTIC SYSTEM.

THE cost of remedies, especially in the case of hospitals, is a question not to be altogether disregarded. The late Professor Syme used to say that the cost of sarsaparilla to Bartholomew's Hospital was £1500 a year. As he regarded the drug as practically useless, and was accustomed to say so, he made the wisdom of the surgeons in ordering it at such expense appear to disadvantage. We gather that the cost of the antiseptic system in the Glasgow Royal Infirmary, where it is very faithfully carried out by some of the surgeons, has excited the serious consideration of the managers. Of course, the question of cost cannot be considered apart from the question of use. Accordingly, we gather that an investigation is proceeding with the view of determining both these sides of the question. The result will be of great interest to all concerned in hospital administration, and, it is to be hoped, will be published, with whatever precautions may be necessary to prevent misconstruction. The field of observation enjoyed by the surgeons of the Royal Infirmary is a very large and important one, and capable of yielding very valuable information on this subject.

LOCAL HEALTH SELF-GOVERNMENT.

BURY, if we may judge from a local journal (the *Bury Times*), is awakening to a sense that it is a particularly nasty place. This awakening would appear to have been a difficult process, and the fact which seems most to have contributed to it is that during the last quarter the deaths in the borough numbered 330, as compared with 237 in the corresponding quarter of the previous year; and that of these 330 deaths, no less than 113, or over a third, were due to zymotic diseases, 59 persons dying from scarlet fever alone. This state of things has startled the population, and they have begun to look more closely into the causes of the present great unhealthiness of the place; and the conclusion which appears to have been very generally arrived at is, that the chief cause must be assigned to the accumulation of excremental filth in privies, and the utilisation of this filth for filling up hollows in sites devoted to building purposes. For, not content with living among indefinite open-air accumulations of loathsome nastiness, Bury elects to use this nastiness for the foundations of its houses, and calls the process "privy-cleansing"! Bury has some 3500 privies to operate upon, and it will need little imagination to picture the vast amount of filth amidst which and upon which its population lives. The actual responsibility for this disgraceful state of things rests with the Corporation as sanitary authority, and much indignation is expressed against that body. But when we read in the *Bury Times* an editorial expression of unpreparedness for the disclosure of the state of things above referred to, and remember how patent excremental nuisances of the kind are, we are not prepared to lavish unqualified abuse on the sanitary authority. The people generally must take their share of the blame, for a representative body is usually a fair sample of a community. There is some evidence, however, that the Corporation has not been wholly

unmindful of its sanitary duties. It is unlikely that the Corporation would withstand the really expressed wishes of the inhabitants in a matter of this sort, and we cannot exonerate the population from blame for the discreditable state of things which would appear to exist sanitarily in the borough.

THE BISHOP OF LINCOLN ON THE VACCINATION ACTS.

THE Bishop of Lincoln has written a very sensible letter to Mr. George Andrews, who had asked the Bishop to support the anti-vaccination movement and the entire and unconditional repeal of the vaccination laws. Mr. Andrews asks the Bishop, with this purpose, to use his influence to secure a Royal Commission. The Bishop, in reply, expresses his willingness to work for a Commission, but with a hope very displeasing to Mr. Andrews—viz., to secure a better administration of the existing Acts, and, if possible, more care in the performance of the operation. The Bishop wisely sees that no other measures are necessary to secure the continued assent of the people to the compulsory performance of an operation which prodigiously saves life. The power of vaccination to protect from small-pox is a matter that admits of demonstration, and is not dependent on statistics. Persons twice vaccinated live with all but absolute impunity in the midst of the horrible disease. Persons only once vaccinated, even imperfectly, die of it or get disfigured by it in a greatly less degree than others. Mr. Andrews complains of the medical despotism that imposes the vaccination laws. The medical profession would only gain by their abolition. It would have epidemics of small-pox to occupy its energies, and make huge materials for medical bills, while medical men and their families would live in absolute security.

THE SENATE OF THE QUEEN'S UNIVERSITY.

MUCH interest is manifested in the election of a member of the Senate of this University in the place of Sir Richard Griffith, deceased. At a meeting of graduates held at the Royal Hotel, Belfast, Dr. W. A. McKeown, of Belfast, was accepted as the candidate to be supported. The chief view of the supporters of Dr. McKeown is to select a member unconnected with the Dublin schools, which, they allege, are already too much represented in the examinations. "Certain influences have been gradually imported into the examinations, and exercised to the detriment of our most able students, and against the best interests of the University." The committee formed to promote Dr. McKeown's candidature is a very large one, and includes distinguished graduates in the various faculties.

"VILLAGE NURSES."

IT has been suggested—and we have reason to hope the proposal will shortly be carried out in certain districts—to appoint nurses who shall visit the sick poor, and, under the direction of the medical officer, attend to the care and relief of those suffering from maladies which it is deemed expedient to treat at home. This is an excellent idea, and will prove beneficial in working. It will also be found to be economical, because, instead of being left to their own devices in the use of remedies, the poor will be assisted and controlled in their application. The linseed meal will not be sold, the cod-liver oil will no longer be burnt, and medicines generally will be used as prescribed in place of being thrown away or wasted. It cannot be disguised that the receipt of "medical relief" is too often made an excuse for idleness and a plea for pecuniary assistance. On the other hand, there are multitudes of deserving cases in which the sufferings of the sick and paralysed are intensified by the ignorance or desertion of "friends." Helpless and bedridden folk are left to languish in their pain and misery for the lack of the help which a skilled nurse visiting daily or occasionally would afford. In cases of urgency the attendant will, of course, remain at the house and in charge of the sick pauper as long as may be deemed expedient. It is not anticipated that the annual cost of this service will be great. Indeed, it is probable that in districts where it is often necessary to employ nurses for special cases, the substitution of an annual salary for an occasional fee will prove less costly. However this may be, the movement is one which must be cordially approved by every philanthropic and genuine economist, and we venture to hope it will be speedily inaugurated and rapidly spread.

CHOLERA IN INDIA.

OUR Bombay correspondent writes, under date Oct. 16th:—

"In continuation of my statement as to the epidemic of cholera which attacked the station of Fyzabad, or, rather, the European troops, comprising a battery of artillery and the 1st Batt. 25th Regt., I am glad to inform you that all had returned from camp during the first week of October, and there has been no recurrence of the disease; but fevers of the continued and intermittent type have been rife. The exact numbers during the epidemic are—in 25th Regt., 90 cases and 61 deaths; Royal Artillery, 19 cases and 16 deaths. This is the severest outbreak on record at Fyzabad. In 1872, the next in point of severity, the casualties were less than one-half. In each year the native troops escaped almost entirely.

"The 73rd Regt. at Lucknow have had cholera clinging to them strangely during the past two months. The disease never got so far as the epidemic form, and declined and disappeared on two occasions after the men were moved into camp. For a third time they have recently had to go out, and I have just noted in a Lucknow paper that the new cases are attributed to importation from Fyzabad by a party of the 25th from that place acting as escort to a comrade *en route* for Lucknow military prison. It is stated that the first cases occurred in the building in which this escort was put up along with men of the 73rd. This is a curious fact, if one at all. It requires further attention, as the 25th escort were healthy. It would, therefore, be an example of a party of men, themselves healthy, but coming from a tainted locality—whence, let it be noted, the disease had disappeared—conveying it to a distance. This is worth a careful inquiry."

A BOARD OF GUARDIANS IN THE RIGHT.

IT is so seldom a board of guardians is found taking a right view of the subject of medical officers' salaries and expenses, that we have great pleasure in recording the gratification with which the profession must view the course adopted by the guardians of Epsom. The board of this union has resolved "that the medical officers be requested to supply cod-liver oil and quinine, and other expensive medicines, at their discretion, and render an account of the same at the end of each quarter." In the course of the discussion it was also very generally admitted that medical officers are, as a rule, underpaid, and hence arise the frequent changes and troubles which engage the attention of boards. The two questions must, we agree, be kept separate. In the memorial presented to the Local Government Board early in the year, it was expressly urged that the supply of drugs should be placed on a footing apart from the payment for attendance and advice. This, we take it, is an indispensable condition of the success of any reform. Meanwhile, boards of guardians will expedite a satisfactory adjustment of the whole question of medical service and "medical relief" if they will only follow the example of the

Epsom guardians, and honour their medical officers with a little confidence, while they relieve them of some portion of the burdens that now weigh heavily on the resources of a very considerable class of our professional brethren. It would be superfluous to express the hope that this "advance" on the part of the guardians may be met in the spirit of economy and prudence it deserves; it is more reasonable to assure the board that this will be the result of their policy, and to congratulate the ratepayers of this district on the dawning of better days.

THE LORD MAYOR AND THE HOSPITAL FUND.

WE hear with surprise that the Lord Mayor has declared his inability to accommodate the secretary of the Hospital Fund any longer at the Mansion House. This is a most regrettable resolve. There must surely be some mistake, which the Right Honourable Sir Charles Whetham will correct. The fund was inaugurated at the Mansion House by the Lord Mayor, and the medical profession would feel that its claims were neglected if the proposed ejection took place. Moreover, the fund itself would inevitably sustain a severe injury, owing to the change of location as regards the office of the secretary, which has become universally known; besides which, there would be a loss of *prestige*. We are convinced that on reconsideration the decision which has been announced will be reversed.

A RAILING ACCUSATION.

IN the course of a paper on vivisection, in the current number of the *Whitehall Review*, "Peter the Hermit," whoever that may be, makes an assertion which no man ought to have made without personal knowledge, and no man having the least acquaintance with hospitals could make without violating truth and conscience. He says: "It is no secret to anyone who knows anything of the inner and secret life of hospitals in Great Britain and on the Continent that experiments on a frightful scale are already made there on many an unprotected patient." A statement more flagrantly false cannot well be imagined. The disclaimer of entire complicity with all the views of his contributor which the editor of the *Whitehall Review* appends to this article is barely sufficient to excuse the publication of a libel so atrocious and groundless. What, however, can any sensible and well informed person say to the general attack on the motives and feelings of the profession which the article throughout maintains? The character of the medical practitioners of this country as respects humanity will not, happily, be affected by a ridiculous tirade of the class to which we allude; but, for the credit of respectable journalism, it is sincerely to be deplored that any paper so written should have been permitted to see the light. It would be an insult to the common sense of the community to disclaim for the profession such motives and sentiments with regard to animal suffering as the writer of this strange article imputes to them.

HOUSE SANITATION.

DR. W. PRICE JONES, medical officer of health to the Kingston rural sanitary authority, points out, that when houses are reoccupied after having been empty for some time, an outbreak of diphtheria, typhoid, or some other zymotic disease, often occurs. This is undoubtedly a fact, the causes being an absence of water in the cisterns and water-pipes, and the presence of foul air in its place, drawn there from the main sewers; the blocking of up-casts, the drying up of water in traps, and the strict closing of all windows as well as other inlets. Dr. Jones has done good service in pointing out to his authority the wisdom of seeing that all houses about to be reoccupied are thoroughly ventilated below as well as above. The air-bricks, put in to ensure the admission of air between the floors and ceilings, are often found quite impermeable, especially those meant to ventilate the ground floor, so that a vast amount of moist and very foul air is pent up below.

WOLVERHAMPTON DISTRICT MEDICAL SOCIETY.

A NEW Society has been started under the above designation in the Midland Counties. Dr. Bodington is the first president, and Drs. McMunn and Hunt, of Wolverhampton, are joint secretaries.

The meetings are to be monthly, and will be held at Wolverhampton in the New Medical Library, which has been generously built for them by a gentleman of the neighbourhood, on ground presented by the hospital authorities. Mrs. Bell, the widow of a late surgeon of Wolverhampton, has endowed the library by presenting it with a thousand guineas. With these advantages we doubt not that the new Society will be a complete success, and help not only to maintain but also to increase the reputation of the profession in the town and district.

THYROTOMY.

ON the 8th inst. the operation of thyrotomy was performed at the London Hospital on a patient of Dr. Barlow's by Mr. James Adams. The operation was undertaken for the removal of a large growth from the interior of the larynx, which, by its rapid development, had led to a suspicion of its being malignant; its exact points of attachment could not be defined, so that its removal through the mouth was deemed inexpedient. Tracheotomy had been performed a fortnight before on account of urgent attacks of dyspnœa. The division of the cartilage was accomplished with very little bleeding; the entire growth was got away, and found to spring from two distinct pedicles attached to the right vocal cord. It was of a soft gelatinous structure, and completely filled the larynx. The points of origin were touched with the actual cautery. Two days afterwards the patient was doing well, and could speak, the voice possessing considerable power. The details of the case will be published hereafter.

MANCHESTER ROYAL INFIRMARY.

THE alterations in the drainage and lavatory arrangements of the Manchester Infirmary are nearly complete, and the Board of Management are now turning their attention to the remodeling of the accident and out-patient departments of the hospital. In connexion with these changes an entire suite of new rooms will be built, to comprise commodious apartments for the ophthalmic and obstetric officers, as well as for the accommodation of the assistant-physicians and assistant-surgeons. It is also contemplated to build, what is urgently needed, a new accident ward, and to remove the dispensary to the precincts of the new offices. It is certainly the object and desire of the Board of Management, as it is of the honorary staff, to render the hospital in every respect abreast of the foremost institutions of the day.

THE CRIMEAN CEMETERIES.

MR. VICE-CONSUL MOFFATT, in his report on the trade of Sebastopol for the year 1877, states that the British cemeteries before the city during the year, "the first after their general restoration," were in a fair state of preservation. But he describes also their "bare and dreary appearance," the impossibility of maintaining due supervision over them under present arrangements, the wanton damage of isolated monuments (probably by the Tartars), and the destructive effects of the weather. Cathcart's Hill Cemetery, although

the ground has been ceded to Her Majesty's Government, is still unenclosed. An annual grant of £30 for repairs, and a salary of £25 yearly to a guardian, represent the current outlay which the richest nation in the world grudgingly gives to maintain in decent (!) order the memorial of its dead before Sebastopol. It would have been better for the Government frankly to have adopted the principle "Let the dead bury their dead," and to have left the graveyards and memorials to the care of the soil of the Crimea, which, at least each recurring spring and summer, would have ungrudgingly covered them with a profusion of wild flowers.

INNERVATION OF THE UTERUS AND OF ITS VESSELS.

A COMMUNICATION is made in the *Wiener Med. Jahrbucher* by v. Basch and Hofmann, giving the results of numerous experiments they have performed on dogs. They find that the uterus receives its motor fibres from two sources. On the one hand, from the hypogastric nerves proceeding from the posterior mesenteric ganglion; and, secondly, from nerve-fibres issuing from the sacral plexus. It is well known that Spiegelberg denied any motor power to the hypogastric branches, and Frankenhäuser considered that the sacral branches were destitute of motor power. Now, according to the remarks of v. Basch and Hofmann, a very distinct antagonism exists between these two sets of nerves. If the hypogastric branches be electrically stimulated contraction of the circular fibres of the uterus takes place, the cervix descends into the vagina, whilst the os opens. On the other hand, on stimulation of the sacral nerves the longitudinal fibres are made to contract, the uterus becomes shorter, and the os remains closed. Suppression of respiration, or stimulation of the sciatic nerve, acts in a reflex manner, chiefly on the hypogastric nerves. Their experiments further showed that the vessels of the uterus obtain their nerves from the same sources as the muscular tissue, the nervi hypogastrici supplying the constricting and the sacral nerves the dilating fibres, which can likewise be brought into action reflectorially through the sciatics.

ADULTERATION OF MILK.

MR. DE RUTZEN, at the Marylebone Police-court, has taken a sensible view of the Adulteration Act as applied to milk, and, following Mr. Justice Lush, holds that a purchaser is prejudiced when he does not obtain the article pure for which he pays. We trust this decision may stand on appeal. It surely can make no sort of difference how the buyer of a sample of any article may be affected if he is cheated. Possibly milk and water may be better for some stomachs than pure milk, but that has nothing to do with the fact of adulteration. Again, it may be that the purchaser buys for the mere sake of buying, or to test the honesty of the salesman; but it is monstrously opposed to the canons of common sense to argue that he is not prejudiced by the presence of water in the milk for which he pays. The *adulteration* is the offence, and that lies in the act of mixing something with an article which is professedly sold pure. It will be much to be regretted if the decision should be reversed.

THE AFGHAN EXPEDITION.

ACCORDING to the *Army and Navy Gazette*, the following medical officers are detailed for staff service with this expedition:—Deputy Surgeon-General F. F. Allen, C.B., of the Indian Medical Service, in medical charge of a column to be assembled in the Kooram Valley; Deputy Surgeon-General A. Smith, A.M.D., in charge of the Mooltan Division; and Deputy Surgeon-General Hendley, with the staff of the Quettah Division.

THE NORTH-WESTERN SANITARY ASSOCIATION.

THE last annual meeting of the North-Western Association of Medical Officers of Health was held in Manchester. The Association has now entered on its fourth year, and includes members practising in Cheshire, Lancashire, Derbyshire, and the West Riding of Yorkshire, and has, according to its last report, proved very successful in affording medical officers a ready means of intercommunication and of co-operation for the furtherance of sound sanitary work. Six new members have joined during the year, and the Association now numbers four honorary members, twenty associates, and thirty-four members. The report expresses profound regret at the death of Dr. Trench, late medical officer of health for Liverpool and president of the Association. During the year a memorial was submitted to the Local Government Board praying that "every practitioner in attendance on a case of infectious disease should be required to advise the head of the family of the nature of such disease, and that the person so advised should be required to report to the medical officer of health for the district."

RESEARCHES INTO THE NATURE OF HYDROPHOBIA.

THE recent deaths from hydrophobia at the Manchester Infirmary promise, in the hands of Dr. Ross, to lead to important, and even brilliant, results. It would manifestly be improper to anticipate the remarks of Dr. Ross on this subject, but it may be stated that, besides abundantly verifying the presence of minute abscesses in various parts of the cord, as affirmed by Dr. Gowers to be the case, Dr. Ross has discovered changes of a remarkable kind invading the whole length of the lateral columns of the cord, and beyond them into the cortex of the brain itself, which changes are so evident as to be rather molar than molecular in character. His communication upon this important matter will be looked for with much interest.

STEAM SPRAY-PRODUCER.

AT the Clinical Society last week, Mr. R. W. Parker showed a new steam spray-producer. It is manufactured by Messrs. Allen and Son, of 64, Marylebone-lane. It was thought that, if (as seems very probable) Lister's method of dressing cases become general, a spray-producer would have to be regarded as part of the necessary furniture of every surgical ward. At present these steam instruments are very expensive indeed. The present one was made of block tin, was provided with a safety-valve, and will go on for four hours without replenishing. It gives out a large and fine cloud of spray, which is both light and "dry."

HEALTH OF THE RUSSIAN IMPERIAL GUARD.

AT a recent meeting of the General Society of Physicians of St. Petersburg, Drs. Hörschelmann and Schenk communicated a paper on the sanitary state of the troops of the Imperial Guard who had returned from active service. The condition of the men was reported to be very unsatisfactory. In addition to much sickness on the route homewards from the seat of war, typhus (? typhoid) and intermittent fever, contracted in Turkey, clung to the troops now that they had returned to their barracks in the capital, and the military hospitals contained a great number of patients suffering from these maladies.

YELLOW FEVER.

THE report of the Surgeon-General at Washington for the week ending Oct. 26th shows 699 cases of yellow fever and 229 deaths as having occurred at New Orleans, making a total of 12,881 cases, 3864 of which were fatal, since the

commencement of the epidermic. Baton Rouge, Mobile in Alabama, Pass Christian, and Chattanooga in Tennessee, are still, according to the statistical report, severely affected. As regards Port Gibson, Mississippi, Dr. Woodworth reports in effect that the yellow fever has opened out into the country, that about thirty deaths have occurred during the past week, and that the coloured population decline the friendly aid offered them, fearing that the nurses sent will bring the fever with them. No cases or deaths are reported from Port Eades, South West Pass, and Key West.

THE fifth annual collection in aid of the Dublin hospitals was made last Sunday in upwards of 200 churches in Dublin and its vicinity. At present it is impossible to give the total amount obtained, but it is generally credited that the sum will be an improvement over that of last year. Since 1874 the amount of the collections on Hospital Sunday has steadily augmented, being £3006 in that year and £3900 in 1877, showing the increased prosperity of the fund, and the continued public confidence in its management. As happened on a similar occasion last year, the anti-vivisectionists laboured most industriously to induce the public to withhold their subscriptions from the hospitals in consequence of the alleged cruelties perpetrated in those institutions, but we are happy to state without success.

THE medical officer of health for Hastings, Mr. Charles Ashenden, reports a death-rate in the borough for the September quarter of only 14·23 per 1000 population. This is not the lowest death-rate which has been recorded in the borough for this quarter of the year. Indeed, in the corresponding quarter of 1876, the death-rate was as low as 13·26. These low death-rates, during a quarter when Hastings is crowded with visitors, indicate the excellent health-capacity of the place, and it must be assuring to visitors, and all interested in this favourite resort, to know that the medical officer of health is not satisfied with even these low rates, but that he contemplates securing a still healthier future for the borough.

THE Imperial Society of Medicine of the Caucasus has issued a circular letter to the medical men who served with the forces in the Caucasus during the last war, and has solicited their help in the preparation of a series of memoirs on the medico-chirurgical events of the war according to a programme prepared by M. Malinine. It is proposed that the memoirs contributed shall be published in a special volume at the cost of the Society.

THE election of "Obstetric Physician or Surgeon" to the Thornton wards of the Royal Infirmary, Liverpool, took place on Tuesday, November 12th. The candidates were supported as follows:—Dr. Wallace, 277 votes; Dr. Lyster, 230; Dr. F. Imlach, 69; and Dr. F. Bailey, 0 (none). Dr. Wallace was declared elected. The funeral of Dr. Vose took place the same day, and was attended by nearly all the profession of Liverpool.

AT Leeds, on Friday last, Hezekiah Thornton, the Bradford herbalist, was acquitted of the charge of murder, but immediately after the verdict he was re-arrested on a charge of "having used instruments upon the person of Margaret Allison for the purpose of procuring abortion."

A DETAILED list of instructions relative to the cooking of preserved meats has been issued by the superintending staff of the Instructional Kitchen at Aldershot, by command of H.R.H. the Duke of Cambridge.

MR. JOHN CRUICKSHANK, R.N., has been appointed medical agent at Levuka, Fiji, and will be paid by fees.

THE *United Service Gazette* calls attention to the rations now in ordinary use in the Royal Navy, indicating that an increased quantity of animal food is required, and that the issue of early cocoa should be made permanent in all vessels.

REPORT OF THE LOCAL GOVERNMENT BOARD.

I.

THE Seventh Report of the Local Government Board has issued from the press, and, in common with many blue-books, its tameness would seem to be in direct proportion to the importance of the subjects with which it deals. The Report is somewhat bulkier than usual, owing to the large amount of illustrative matters consigned to the appendix. Following the customary arrangement, it is divided into two principal parts, the one relating to Poor-law administration, the other to public health. The first part, that relating to Poor-law administration, contains little which immediately concerns the profession. The Report notes the progress which continues to be made in the metropolis in making provision for the separate accommodation (that is to say, in infirmaries and asylums apart from the workhouse) of the in-door sick. It gives also a brief account of the progress in the metropolis of the small-pox epidemic of 1877–78, with reference to the accommodation provided in Poor-law hospitals. The largest number of beds occupied at any one time appears to have been 990, but this number was needed to be kept in use for several months. The Board, however, observes that "at no time did the number of beds occupied in the metropolitan hospitals rise to more than half of that frequently reached in 1871."

The portion of the Report relating to public health administration contains, perhaps, less to interest the general reader than in previous reports. It enters in some detail into the particulars of the current work of the Board in the exercise of its onerous functions under the Public Health laws. We may note, as of special interest, the action of the Board in giving urban powers to rural districts. This power was exercised in fifty instances. The Board states that the rural districts in which urban powers are in force are now becoming very numerous. But the exercise of the Board's powers in this respect very imperfectly meets the requirements of the case. In rural districts, for example, which are becoming the centre of active building operations in connexion with the opening of new mines or manufactories, the granting of urban powers rarely takes place until irreparable evil in the formation of unwholesome conditions has been done.

Sixty-two additional medical officers of health (eight rural and fifty-four urban) were appointed in 1877, and fifty-seven inspectors of nuisances (four rural and fifty-three urban). The following is a return of the total number of appointments of medical officers of health and inspectors of nuisances sanctioned by the Local Government Board, and now existing, since the passing of the Public Health Act, 1872:—

Medical Officers of Health.—By rural authorities, 400; by urban authorities, 441; authorities in combination under Sec. 191 of the Public Health Act, 1875—rural 138, urban 126; authorities in combination under Sec. 286 of the Public Health Act, 1875—rural 18, urban 15. Total medical officers of health, 1138.

Inspectors of Nuisances.—By rural authorities, 510; by urban authorities, 372; authorities in combination under Sec. 191 of the Public Health Act, 1875—rural 13, urban 35. Total inspectors of nuisances, 930.

Medical officers of health and inspectors of nuisances have also been appointed by 42 sanitary authorities.

The proportion of appointments of inspectors of nuisances to medical officers of health shows the lopsidedness of the present public health arrangements and their radical faultiness. For true sanitary work there should have been at least twice, if not thrice, as many inspectors of nuisances as medical officers of health. The simple figures demonstrate

how largely existing public health arrangements are the merest *veneer*.

The aggregate amount of the loans raised by all the local authorities of England and Wales during the year 1876–77 was £12,515,431, of which sum £4,392,811 was borrowed by sanitary authorities (urban £4,255,969, rural £136,842). The total indebtedness of sanitary authorities in England and Wales at the close of last year was £41,869,862 (urban £41,539,549, rural £330,313). Of this indebtedness, £7,992,650 has been incurred during the last three years. There is a very general belief that no proper check is maintained by the Government over the mode of expenditure of these large sums. This would appear to be an error, at least at the present time, for the Local Government Board is required by the Public Works Loan Act, 1875, sec. 36, to satisfy itself that every loan advanced by the Public Works Loan Commissioners on the security of a rate is duly applied to the purposes for which it has been advanced. The Board now reports that it has satisfied itself that in the great majority of cases hitherto examined by it the loans have been duly applied.

With respect to the Artisans and Labourers' Dwellings Improvement Act, 1875, the Local Government Board reports that it has sanctioned the following loans for the execution of schemes described in its Report for 1876–77—namely, to Birmingham £1,000,000, to Liverpool £50,000, and to Swansea £28,433. During the past year the Board has confirmed improvement schemes under the Act for Norwich, Walsall, and Wolverhampton. The Norwich scheme involves an unhealthy area of two acres, containing 144 houses and a population of 505, at a cost of £20,800. The Walsall scheme involves provision for the house accommodation of at least 342 in the vicinity of the unhealthy area, at a cost of £17,000, of which probably £6490 may be recovered by the sales of lands effected by the scheme. The Wolverhampton scheme involves the acquisition of the buildings and sites of an unhealthy area, at an estimated cost of £162,307, of which £117,000, it is estimated, will be recovered, making the total net cost of the scheme £45,307. The urban sanitary authority borrow £25,000 towards this cost.

The number of public analysts appointed under the Sale of Food and Drugs Act amounted on Dec. 31st, 1877, to 153 (counties 42, boroughs 72, district boards and vestries in the metropolis 39). Twenty-seven of these appointments were made in 1877. Nearly all the articles subjected for analysis last year, as in 1876, had been procured by inspectors; and the Report states that, "although the provisions of the Act are well known, and the procedure under it simple, the public generally appear to be unwilling to take proceedings for their own protection; and in those cases in which, although analysts have been appointed, the authorities have made no efficient arrangements for obtaining samples, the Act has usually remained inoperative." The chief result arising from the analysis made last year is the evidence afforded of the frequency with which milk is tampered with. Nearly a quarter of the samples examined were reported to be adulterated.

THE PARIS EXHIBITION.

(From our Paris Correspondent.)

X.—THE BRITISH SECTION (CONCLUDED).

A VERY important department of Class 47 of the British Section, one which attracts the attention of all visitors, and has been well appreciated by the jurors of the class, is that represented by the various soap exhibits. The reputation of English manufacturers for excellence in the production of soaps has been highly maintained in this latest international competition.

Messrs. Edward Cook and Co., under the collective name of the East London Soap Works, Bow, London, have an extensive and varied exhibit of soaps, in which they have shown their specimens for household use, and for employment in the woollen, cloth, silk, lace, paper, and other manufactures. The show-case contains samples of the oxy-kali, or neutral soap for manufactures; blue mottled, or cheap soap for households; marine, for use in sea-water; best mottled, for manufacturers of linen, wool, &c.; curd, for manufacturers of wool and perfumers; dyers' oil, for dyers; primrose, or best English soap; and best curd, for manufacturers of silk, lace, &c. Messrs. Cook and Co. have also exhibited soft soaps, which are remarkable for excellence of quality, and specimens of pure beef, mutton, marrow, and other fats rendered chemically pure and sweet by their patent process, and which will keep good for a year or more without any alteration.

Messrs. Hodgson and Simpson, of the Calder Soap Works, Wakefield, England, have a most effective show of their remarkable soaps. Their exhibit includes large cakes and pyramids of their strong brown soap, blue mottled soap, golden pale soap, and curd soap, and small cakes of the finest toilet soaps (golden honey, white glycerine, almond glycerine, rose, brown Windsor, &c.) Their glycerine soap is a cheap and pure production for the masses. The Queen's mottled is specially characterised by the whiteness of the soap and the definite outlines of the blue "marbling." They have also remarkably fine samples of soda crystals, extracted directly from soda ash, and of very excellent manufacture. For their Queen's concentrated soap it is claimed that it represents a chemical combination, and not a mere mixture. The specimens of their household soaps (the pale gold, and other sorts) have the appearance of perfect saponification.

Mr. Robert Spear Hudson, of the Royal Chemical Works, West Bromwich, has an interesting exhibit of his extract of soap and dry soap. These articles are soluble powders, and are much appreciated for their special use and applications. They seem prepared with great care, and are stated to possess valuable lathering and detergent properties.

Messrs. Henry Glover, Son, and Co., manufacturing chemists, of Bradford, have a fine exhibit of dry soap, soap extract, and washing powders. They have also exhibited baking powders in Class 69. Their soaps, which are excellent for cleansing properties, are offered at cheap prices. Their establishment is stated to date from 1847. Their dry soap contains seventy-five per cent. of fatty matter, and gives an abundant lather. It is especially useful for cleaning muslin, wool, lace, oil-cloths, &c. The extract of soap and washing powders contain a great deal of palm oil and of non-caustic alkali, and possess all the properties of dry soap. Messrs. Henry Glover and Co. have a special printing press of their own, which serves for the printing of their labels and soap envelopes, and, consequently, allows of a certain economy and cheapness in the sale of the soaps.

BIRMINGHAM.

(From our own Correspondent.)

THE annual report just issued by the Midland Medical Society shows that there is a steady increase in the number of members—277 this year, against 261 last year. There were ten ordinary meetings, at which papers were read by Drs. Malins, Nelson, Saundby, Ogle, Sawyer, and Taylor, and Messrs. Furneaux Jordan and Thomas, and a large number of pathological specimens and cases of interest exhibited by other members of the Society. There were also two special meetings at which the provident dispensary question was considered, and the subject of the best method of dealing with zymotic cases, with a view to their more efficient isolation and to their transference to the care of the medical officer of the borough hospital, was discussed in consequence of the Health Committee of the Council having consulted the Society in reference thereto. The address at the commencement of the present session by Professor Lister, F.R.S., to which THE LANCET has already called attention, was full of interest, and was a means of drawing together one of the largest medical audiences ever assembled in Birmingham. The Lecture Theatre of Queen's College was, in fact, so crowded that many were unable to obtain admission, and in future the Council should secure some place of more ample dimensions for their inaugural meetings; at least, if they should have the good fortune to secure, as they have hitherto done, the services of lecturers holding the professional rank and possessing the known ability of Professor Lister, and of his predecessors in the same office, Drs. Richardson, Reynolds, and Sir H. Thompson. At the first ordinary meeting of the Society, Mr. Harman in the chair, Mr. Gamgee brought forward some

cases treated by a dry method of dressing; Mr. Mann a case of Rupture of the Vagina during Labour; Dr. Savage one of Uterine Myoma, removed by Gastrotomy, the patient recovering; and Mr. F. Jordan read an interesting paper on Peculiar Varieties of Cellulitis, which was followed by an animated discussion, in which many members took part.

The Hospital Sunday collection for the Queen's Hospital is now nearly £6300, a larger sum than has ever been contributed for any charity in past years.

The Birmingham Medical Mission, which has been doing much good work in a quiet unobtrusive way during the last three years in one of the poorest and most degraded quarters of the town, is steadily progressing in size and importance, and will soon have a special building of its own in which the religious services, as well as the physical needs of the patients, can receive suitable attention.

The first branch opened by the Provident Dispensary Committee, at 73, Great Hampton-street, and which contains a consulting-room, waiting-room, dispensary, and apartments for the resident secretary, all of which are very well and suitably fitted, has been so far successful that one of the surgeons has received for his share of the fees upwards of eighteen pounds in a month. Other dispensaries on the same principle, but with a different system of management, have also been set on foot in other parts of the town, and they also appear to have given so much satisfaction that we may now reasonably conclude that the provident dispensary movement has fairly taken root in Birmingham.

The borough coroner has recently called attention to the fact that in one day no less than five children, between the ages of three and five years, have died from burns caused by the ignition of their clothing in the houses of their parents. He strongly urged the use of fireguards when children were left without the protection of their parents, but it would be better to prevent by legislative enactment the practice, which is here so general, of mothers leaving their young children to their fate while they systematically go to work in the various factories of the town. There are many other methods besides fire by which the lives of children are daily sacrificed through the pernicious practice of employing married women who have little children in workshops and factories, and the attention of our philanthropists is urgently called for in this matter.

The new hospital at Walsall, which has been built in the place of the former cottage hospital, was opened last week. It is well arranged, will contain from forty to fifty beds, and is fitted with every convenience. The site and architecture are alike worthy of the generosity and public spirit of the people of Walsall, and the arrangements reflect credit on the architect.

Birmingham, Nov. 13th, 1878.

PARIS.

(From a Correspondent.)

I HEAR on good authority that it is not probable the Bill obliging foreign doctors practising in France to pass examinations before the French faculties will be again submitted for discussion. This measure, though not intended to prevent foreigners from practising medicine or surgery in France, had given rise to much discontent among the members of the profession in neighbouring countries. Its chief object was to enable the authorities to verify the qualifications of those who desired to establish themselves as practitioners in France, and to afford a guarantee to the public against bearers of diplomas whose value might be questionable.

The second trimestrial report for the months of April, May, and June of this year, by Dr. Ernest Besnier, upon the sanitary state of the capital, has just appeared. Affections of the respiratory organs seem to have been as frequent as during the winter months, but marked by much less gravity. Pneumonia heads the list with the largest number of cases. Dr. Bucquoy, at Cochin Hospital, had seventeen cases of pneumonia in April and May, but mostly of a light character. In June he did not have a single case to treat. Numerous cases of pleurisy are also chronicled, one of the hæmorrhagic form, without the presence of carcinoma and without traumatism. Diphtheria during the same period determined a total number of 559 cases, mostly of a very bad form, having caused a death-rate of 66 per cent. Typhoid fever, as is usual at that period of the year, fell to the lowest point of the curve formed by the varying number of deaths during the year. The Panthéon, Batignolles, Montmartre, and St. Laurent were the quarters of Paris where the disease was principally encountered, showing totals of 13, 12, 11, and 10 cases respectively. Dr. Besnier remarks that the maximum of the elevation of the curve of telluric fevers corresponds with the minimum of typhoid fever, thus establishing the individuality of the two poisons, which may become associated to give rise to certain mixed forms of typhoid.

At the meeting of the Academy of Medicine, held on the 29th of October last, M. Colin described a series of experiments made with the view of ascertaining the means of neutralising different forms of virus in the organism. Forty rabbits were put under observation, and were inoculated with the virus of the "pustule maligne." The inoculation was done at the tip of the ear, which was cut off ten minutes after the operation. In every case the disease developed itself, and the virus did not seem to have lost any of its energy throughout the series of experiments. In the case of seven rabbits tincture of iodine was the substance used to neutralise, associated with a strong portion of iodide of potassium; in fourteen others carbolic acid was used; in four sulphuric acid was the agent; in five more hyposulphite of soda; in three borate of sodium; in two sulphate of iron; and, finally, in the remaining five cases sulphate of quinine was injected. Progressive doses of from twelve to twenty-three milligrammes of iodine were injected into the veins of the first seven rabbits for every kilogramme of their weight, but they all died within twenty-eight hours from the time of the inoculation. Fourteen rabbits were injected with 230 milligrammes of carbolic acid for every kilogramme of their weight, but the one that resisted the longest died forty-two hours after the time of inoculation. In the remaining trials with the other substances above named the results were approximately the same. M. Davaine had found that the substances above named were capable of neutralising the virus in a watch-glass, but the experiments of M. Colin conclusively prove that their action is not the same in the organism. M. Colin expressed his regret at not having obtained more useful results, but still hoped to be able eventually to find some counter-agent for this terrible poison. I omitted to state that in each case the characteristic alterations of the disease existed, such as swelling of the spleen and the presence of bacteria in the blood.

The Medical Faculty of Lyons is about to enter on the second year of its existence. Last year a great number of students had already been drawn to the new Faculty by the numerous advantages it offers, and now their number reaches nearly five hundred. The teaching body is composed of some of the most eminent men of science in France, such as MM. Ollier, Chauveau, Teissier, and Arloing. Two or three of the "agrégés," or vice-professors of the Paris Faculty, have migrated to Lyons, where they now occupy the chairs of professors. The general system of education is the same as in Paris. Clinical instruction alone goes on in the hospitals. Fifty "internes" are named to do the duties of house-physician and house-surgeon in the different hospitals. Larger laboratories have been built and fitted up for the use of students. Dissection and operative surgery are easily obtained, owing to a plentiful supply of bodies. The students are obliged to attend lectures, where the roll-call is read, and their assiduity is taken into consideration in the distribution of prizes. The Lyons Faculty, in the midst of a most populous district, is destined to become a large centre of education, and it will not be surprising to see the number of new students at the Paris Faculty diminish in number in future years. It has had the ill-fortune of already losing one of its most venerable professors in the person of M. Gromier.

Paris, Nov. 1878.

ROYAL COLLEGE OF SURGEONS.

AT an ordinary meeting of the Council of the Royal College of Surgeons, held on Thursday last, the report of the President and Vice-Presidents on the memorial from certain Fellows of the College for a meeting of the Fellows to be held at the College, to consider the suggestions con-

tained in Mr. Quain's circular, was adopted and directed to be forwarded to the Fellows.

Messrs. Marshall, Humphry, and Savory were elected members of the "Committee on Examinations in Anatomy and Physiology" for the ensuing year. Messrs. Humphry, Marshall, and Savory were elected members of the "Committee on the Preliminary Examination at the College."

Obituary.

EDWARD DENIS DE VITRÉ, M.D. EDIN., M.R.C.P. LOND.

BY the death of Dr. de Vitré, on the 4th October, the North of England has lost a worthy physician and an earnest and useful philanthropist. Born in 1806 at Carlisle, and privately educated, he entered upon his medical studies in 1822, when he became the pupil of the late Dr. Thomas Elliot, of Carlisle. He graduated M.D. at Edinburgh in 1827, and after practising for a time at Annan, near Dumfries, he settled at Lancaster in 1832. Dr. de Vitré soon took a prominent position both as a physician and a public man. His practice was extensive and varied, and in 1840 he was appointed visiting physician to the Lancaster County Asylum. It was during the period of his office that, under the able superintendentship of Mr. Gaskell, afterwards Commissioner in Lunacy, reforms in the methods of treating the patients at Lancaster Asylum were introduced, which had so beneficial an effect in improving the mode of dealing with the insane throughout the country. Moved by circumstances which came under his notice, Dr. de Vitré was induced to publish "Observations on the Necessity of an Extended Legislative Protection to Persons of Unsound Mind," some of the suggestions of which were embodied in subsequent legislation. As the colleague of Mr. Gaskell he watched with interest the arrangements made by the latter for the distinctive treatment of the juvenile idiots who were patients in the asylum, and the interest thus aroused may perhaps account for the zeal with which he took up the scheme for a special institution for that class when introduced to his notice at a subsequent period of his career. Dr. de Vitré retired from the office of visiting physician in 1868, on being placed upon the Commission of Peace for the county, and thereafter was an active and useful member of the Committee of Visitors, of which for the last seven years of his life he was chairman.

Towards the end of 1864 he was consulted by a quaker gentleman of Lancaster as to the best mode of establishing in the neighbourhood a small hospital for idiots, towards which he offered to give £2000. Dr. de Vitré, in conjunction with a band of benevolent Lancaster gentlemen, was induced to give a wider scope to the project, and ultimately a scheme for a comprehensive institution for idiots and imbeciles of the northern counties was launched at a meeting presided over by the late Sir James Kay Shuttleworth, in December, 1864.

As chairman of the Central Committee of the Royal Albert Asylum for Idiots and Imbeciles he gave up his time unreservedly to the work of the institution, and endeared himself alike to his colleagues and to the officers of the establishment.

For nearly twelve months previous to his death Dr. de Vitré had been confined to his house in consequence of gradually increasing weakness, and on Friday, the 4th October, he peacefully passed away. His funeral was attended by various representative bodies and by a large gathering of his professional brethren from Lancaster and the surrounding district.

EDWARD DOWNING, M.R.C.S., L.F.P.S. GLAS.

THE death of this gentleman, which took place on the 31st ult., at his residence in the Amersham-road, New-cross, at the traditionally mature age of threescore years and ten, has caused general sorrow in the neighbourhood of Deptford, where he was born, and had passed the whole of his active life. Mr. Downing became a licentiate of the Apothecaries' Society in 1830, and took the diploma of Member of the London College of Surgeons in 1859, having obtained the L.F.P.S. Glas. in the year previous. He held many parochial offices, was surgeon to the R division of police for many years, surgeon to the 1st Administrative Battalion Kent Rifle Volunteers, held the office of public vaccinator for Deptford for a long period, and at the time of his death filled several other medical appointments of less importance, as well as the post of examining surgeon for the army, militia, and the Kent Artillery recruits. His decease was somewhat sudden, although for a considerable time past he had been ailing, so as to require the assistance of his son, Dr. E. H. Downing, in the discharge of his professional duties.

GEORGE HULL, F.R.C.P.

THE deceased gentleman was a native of Ayr, Scotland, and educated at Ayr Academy. He studied in Edinburgh, and afterwards in London and Paris; served some years in Ireland in the Forfarshire regiment of militia. Having obtained the licence of the Edinburgh College of Surgeons in 1814, he soon after settled at Montrose, where for ten years he held the appointment of physician to the Infirmary Lunatic Asylum and Dispensary. In 1833 he removed to London, and in 1841 became a Fellow of the Royal College of Physicians of Edinburgh. He published a pamphlet on scarlatina and diphtheria, strongly advocating the free administration of carbonate of ammonia, not only in these diseases, in which he had been particularly successful, but also in measles, bronchitis, and erysipelas. For some years before his death, in consequence of his sight having become greatly impaired, except among a few old friends Mr. Hull had almost retired from practice. During the latter part of his life he watched the development of that wonderful system of teaching the dumb to speak, of which his daughter is known as one of the most successful teachers. His son, Dr. George Hull, who was in active practice in South Africa, died from a fall from his horse a few months since.

JAMES COUTTS, A.M., M.D., M.R.C.S. ENG.

DR. COUTTS died on the 25th October, from malignant disease of the colon. He was educated at Aberdeen University, and after a brief stay at Towie and Skene he settled in Kincardine O'Neil, on Dee side, where he had an extensive practice in the neighbouring parishes. After a residence of seven years he removed to the county town, the occasion of his leaving giving the inhabitants an opportunity of tendering him a lasting tribute of their gratitude. By his kind and genial manner he soon acquired a very extensive practice in the city of Aberdeen, and was ever ready to obey the call of the poorest without calculating on any remuneration. After twenty years of hard work his constitution gave way, and he was obliged to relinquish his practice and retire to the quiet village of Warsop, Notts. After practising there for seven years, his health still failing him, he came to London, where he confined himself chiefly to consulting. Dr. Coutts was the author of treatises on medicine, physics, geography, and astronomy in the *Imperial Journal of Arts and Science*, &c.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on Monday last:—

Baber, H. Aitkens, L.S.A., Exeter.
Bull, E. George, M.B. Edin., Edinburgh.
Collington, A. Gabourel, L.R.C.P. Edin., Falmouth-road.
Dallaway, J. W. Dennis, L.R.C.P. Edin., Torquay.
Davies, John, L.S.A., Chester.
Dixon, W. Edward, L.R.C.P. Edin., Canonbury.
Farrer, G. Albert, L.S.A., Brighouse.
Garstang, T. W. Harropp, L.S.A., Forest-hill.
Granger, E. Briddon, L.R.C.P. Lond., Nottingham.
Illingworth, C. Rumney, M.B., Mildmay-park.
James, Philip, L.R.C.P. Edin., Pontypridd.
Leahey, A. W. Denis, L.S.A., Oxford-street.
M'Crea, J. Frederick, L.R.C.P. Edin., Guernsey.
Sarkies, S. Carapiet, L.R.C.P. Edin., Calcutta.
Sellers, R. Burdett, L.R.C.P. Edin., Rochdale.
Wadham, Frederick, Darlington.
Warrillow, E. Sadler, L.S.A., Headcorn, Kent.
White, E. W. Wood, M.B., Killiney, Co. Dublin.

The following gentlemen passed on Tuesday :—

Batson, W. Lascelles, Guilford-street.
Buck, J. Stirling, Streatham.
Cox, R. Hippisley, Leicester.
Day, W. H. Horatio, Croydon.
Garrett, H. Edward, Manchester.
Hall, R. D. Grant, Clapham.
Hartley, R. Nightingale, Brixton-road.
Jolliffe, W. John, Isle of Wight.
Lory, W. Manley, L.S.A., Exeter.
Mitchell, C. Pitfield, Manchester.
Oldroyd, J. Hollinshead, Edward-street, S.W.
Phillipps, W. Alfred, Sydenham.
Rowbotham, H. Claude, Woolwich.
Storry, F. William, Howden, Yorkshire.
Winskell, W. Edwin, M.B. Toronto, Kelvin, Ontario.
Woods, J. Francis, L.S.A., Leyton, Essex.

The following gentlemen passed on Wednesday :—

Bennett, H. J. Lee, L.R.C.P. Edin., Plymouth.
Bradford, A. Somers, Chippenham.
Brunt, John, L.R.C.P. Edin., Exeter.
Bury, A. Thomas, L.R.C.P. Edin., Sheen, Staffordshire.
Collett, R. William, L.R.C.P. Edin., Shepherd's-bush.
Howse, F. Robert, Argyle-square.
Lunn, J. Reuben, Hull.
Norman, W. Henry, Chiswick.
Robinson, S. C. Bates, Bruges.
Vinrace, J. Hinks, Birmingham.
Womersley, J. King, L.S.A. Thorpe Hamlet, Norwich.

Of the 62 candidates examined on the above-mentioned days, 28 passed to the satisfaction of the Court and obtained their diplomas; 12 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 22 failed to reach the required standard, and were referred for six months' further professional study. Seventeen candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical degree or licence recognised by the College, were also admitted Members.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent Second M.B. Examination :—

FIRST DIVISION.

Blake, William Henry, University College.
Carrington, Robert Edmund, Guy's Hospital.
Davy, Henry, Guy's Hospital.
Gadsby, John Topham, University College.
Hadden, Walter Baugh, Liverpool School of Medicine and St. Thomas's Hospital.
Henderson, George Courtenay, University College.
Nicholson, John Francis, St. Thomas's Hospital.
Phillips, Sidney Philip, University College.
Prowse, Arthur Bancks, St. Mary's Hospital.
Sheldon, Thomas Steele, Guy's Hospital.
Smith, Kenneth Rawlings, University College.
Uhthoff, John Caldwell, Guy's Hospital.
Whitney, Neville Scott, University College.
Wiglesworth, Joseph, Liverpool Royal Infirmary.
Willcocks, Frederick, King's College.

SECOND DIVISION.

Benham, Frederick Lucas, University College.
Evans, Charles Walter, University College.
Joule, John Samuel, Univ. Coll. and St. Barthol. Hospital.
Lubbock, Montagu, Guy's Hospital.
Mercier, Charles Arthur, London Hospital.
Miller, Richard Shalders, University College.
Paddison, Edmund Howard, Guy's Hospital.
Silcock, Arthur Quarry, University College.
Whitelegge, Benjamin Arthur, B.Sc., University College.
Wilkinson, Arthur Thomas, B.A., B.Sc., Owens College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 7th :—

Garstang, Thomas Walter Harropp, Forest-hill.
Herschell, George Arieh, Bassett-road, Notting-hill.
Jones, George Henry West, Echington, Chesterfield.
Lathbury, Charles John, Duffield-road, Derby.

The following gentlemen on the same day passed the Primary Professional Examination :—

William Thomas Atkey and Henry Frederick Griffin, University College; Robert Parry, Guy's Hospital; James Waghorn, Charing-cross Hospital.

COLLEGE OF PHYSICIANS IN IRELAND.—At the November examinations the following obtained the licences in Medicine and Midwifery :—

MEDICINE.—Thomas William Beale, Thomas Vesey Bell, Richard James Corr, David Fennell, William James Mackie, Francis Casement Reeves, George Edward Twiss.
MIDWIFERY.—William James Mackie, Edward Magner, Francis Casement Reeves, George Edward Twiss.

AT Keswick, with a population of 7000, only one death has been registered during the last five weeks.

B. BARRON, Esq., J.P., F.R.C.S., has been elected Mayor for the borough of Ryde for the fifth time in succession.

CYPRUS FEVER.—The 101st Regiment has just landed at Halifax from Cyprus. Eighty-six men are still prostrate with Cyprus fever, which is of a malarious character.

THE annual report of the Governors of the Salop Infirmary, Shrewsbury, states that the expenditure for the year ending at midsummer exceeded the income by £1517 2*s.* 3*d.*

MR. THOMAS HIGHTON, M.R.C.S. Eng., has been presented with a handsome clock and an inkstand as a token of the esteem in which he has been held by the staff of the Derbyshire General Infirmary, Derby, during the five years he has held the office of house-surgeon.

THE committee of the Nottingham Hospital for Sick Children have given notice that, as the present income is insufficient to meet the expenditure, they will be under the necessity of closing one of the wards on the 1st of January unless in the meantime additional donations and subscriptions should be forthcoming, and for which they make an urgent appeal.

A COMMITTEE, headed by the Bishop of Winchester, and supported by several influential gentlemen, has been formed at Ventnor, for the purpose of raising £1000, with which to establish a home for invalids, who (after having been at the hospital for the prescribed time) are pronounced to be incurable, or too ill to return home. £500 has been already subscribed.

THE number of deaths registered in London last week was 1590, representing an annual rate of mortality of 23·2 per 1000. There were 9 fatal cases of small-pox, 18 of measles, 11 of diphtheria, 33 of whooping-cough, 36 of different forms of fever, 26 of diarrhœa, and 60 of scarlet fever. This last-mentioned disease shows signs of increase, the returns for the seven weeks preceding exhibiting a mortality from it of from 24 to 49. The deaths referred to thoracic affections amounted to 424—a number considerably above the average.

BEQUESTS ETC. TO MEDICAL CHARITIES.—Messrs. Barclay, Bevan, and Co., Messrs. Baring Brothers and Co., and Messrs. Reid and Co. have each given £100 to the Building Fund of the Royal Free Hospital. The trustees of Prison Charities have given £105 to the National Hospital for Consumption at Ventnor. Major Tudor and Mr. H. G. Harper have each given £100 to the Wolverhampton Hospital.

UNITED HOSPITALS CRICKET CLUB.—On Friday evening, Nov. 8th, a meeting was held at the Charing-cross Hospital of the representatives from the different medical schools to institute a United Hospitals Cricket Club. J. Cantlie, M.A., F.R.C.S., occupied the chair, when, after some discussion, a committee was formed, and R. A. Davis, Esq., Charing-cross Hospital, was appointed secretary. From the number of country players amongst the London students, it was believed an eleven could be formed fit to compete with any of the best elevens of the day.

HEALTH OF IRELAND.—During the September quarter the births registered in the 796 registrars' districts in Ireland amounted to 32,269, being equal to an annual birth-rate of 24·1 in every 1000 of the population, and the deaths to 20,390, representing an annual mortality of 15·2 per 1000. The general death-rate for the quarter was over the low average rate for the corresponding period in recent years, but, excluding two or three of the principal town districts, the reports as to the public health are, on the whole, not unfavourable. Zymotic diseases were more fatal than usual, and small-pox continued prevalent in Dublin, and was also comparatively severe in Galway. Diarrhœa caused 708 deaths, fever 621, whooping-cough 521, measles 309, scarlatina 256, small-pox 249, and diphtheria 40.

BOOKS ETC. RECEIVED.

B. Gunning: Hard Rubber Appliance for Congenital Cleft Palate.
C. Macnamara on Diseases of Bone.
Transactions of the Clinical Society of London. Vol. XI.
T. Keith on Ovariotomy.
Dr. P. A. Desjardin: Gout and Rheumatism.
Mrs. Warren: The Way it is Done
Brain. Part III.
Archives of Dermatology. October.

Medical Appointments.

ADAMS, M. A., F.R.C.S.E., L.S.A.L., has been appointed Medical Officer of Health for the Maidstone Urban Sanitary District, at £150 per annum for two years, vice Barham, deceased.

BARRY, J. W., L.R.C.P.L., M.R.C.S.E., has been reappointed Medical Officer of Health for the Urban and Port Sanitary Districts of Ramsgate, at the increased salary of £150 per annum.

BRASH, E. A., L.R.C.P.L., M.R.C.S.E., has been appointed a Surgeon to the Lying-in Charity, Exeter, vice Roberts, deceased.

BUCHANAN, L., M.B., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Arvagh Dispensary District of the Cavan Union, at £100 per annum and fees, and £20 per annum as Medical Officer of Health, vice Parker, deceased.

CHEETHAM, W. H., M.R.C.S., has been appointed an Assistant Resident Medical Officer to the General Infirmary, Leeds, vice Rowe, whose appointment has expired.

DUNCAN, J., M.B., has been appointed Medical Officer for No. 9 District of the Ashton-under-Lyne Union, vice Galt, deceased.

FAWCETT, Mr. A., has been appointed an Assistant Resident Medical Officer to the General Infirmary, Leeds, vice Hartley, whose appointment has expired.

GIBSON, H. C. M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer for the No. 3 District of the Yeovil Union, vice Francis, resigned.

GREENWAY, H., M.R.C.S., has been appointed Medical Officer of Health for Plymouth District, vice Littleton, resigned.

HARRIS, F. A., M.R.C.S.E., L.S.A.L., has been appointed Senior House-Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan, vice Robinson, resigned.

HAY, Dr. H., has been appointed Resident Medical Officer to the Edinburgh Royal Hospital for Sick Children, vice Gibson, whose term of office has expired.

HOSKYNS, E. J. H., L.S.A.L., has been appointed House-Surgeon to the Belgrave Hospital for Children, Winchester-street, Pimlico, vice Glanville, resigned.

JENNINGS, J. B., L.R.C.S.I., L.K.Q.C.P.I., has been appointed Senior Surgeon to the Independent Order of Odd Fellows Medical Institution, Hull, at a salary of £250 per annum, and Midwifery and Vaccination Fees, with house &c., vice Raye, resigned.

KEITH, A. E., M.B., C.M. has been appointed Medical Officer of Health for the Brotton Urban Sanitary District, Yorkshire.

KEMPTHORNE, J., L.R.C.P.L., F.R.C.S.E., has been reappointed a Medical Officer of Health for the Liskeard Rural Sanitary District, at £40 for one year.

KENYON, G. A., M.B., L.R.C.P.L., has been reappointed Medical Officer of Health for the Chester Port Sanitary District, at £20 for one year.

LYLE, T., M.D., L.R.C.P.L., has been appointed a Physician to the Lying-in Charity, Exeter.

MACKAY, G., M.B., F.R.C.S.E., has been appointed Assistant to the Extra Physicians of the Royal Edinburgh Hospital for Sick Children, vice Hay, resigned.

MOYNIHAN, T., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, &c., for the Whitechurch Dispensary District of the Cork Union, at £120 per annum and fees, and £15 per annum as Medical Officer of Health, vice White, resigned.

NORTH, J., M.R.C.S.E., L.S.A.L., has been reappointed a Medical Officer of Health for the Brecknock Rural Sanitary District, at £40 for one year.

OWENS, C. A., M.D., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator to the First District and Workhouse of the Depwade Union, vice Barton, resigned.

PALMER, J. M., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Surgeon to the Armagh County Infirmary, at £200 per annum, with residence and garden, vice Robinson, deceased.

PEARCE, Mr. W., has been appointed Public Analyst for the Borough of Maidenhead.

PLETTS, J. M., M.D., M.R.C.S.E., has been appointed a Medical Officer to the Royal Isle of Wight Infirmary, Ryde, vice Maund, resigned.

POWEL, E., L.R.C.P.Ed., L.F.P.S.G., has been reappointed a Medical Officer of Health for the Brecknock Rural Sanitary District, at £40 for one year.

ROW, W., M.R.C.S.E., L.S.A.L., has been reappointed a Medical Officer of Health for the Liskeard Rural Sanitary District, at £40 for one year.

SHANN, Mr. H. C., has been appointed a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Morshead, whose appointment has expired.

SMITH, G. S., L.R.C.S.Ed. & L.M., has been appointed Surgeon to H.B.M.'s Agency and Consulate General, Siam, vice Campbell, resigned.

STEWART, Dr. J., has been appointed Medical Officer to the Smethwick and Handsworth Medical Association, at £200 per annum and residence, vice Croskery, resigned.

THOMPSON, J., M.D., L.K.Q.C.P.I., has been appointed Public Analyst for the Borough of Royal Leamington Spa, at £20 per annum, and 6s. 8d. per analysis.

TUTTIETT, F. B., M.R.C.S.E., L.S.A.L., has been reappointed Medical Officer of Health for the Newport (Isle of Wight) Urban Sanitary District, at £50 for one year.

WESTLAND, A., M.D., has been appointed a Medical Officer to the Haverstock-hill and Malden-road Provident Dispensary, vice Anderson, resigned.

WILLIAMS, J., F.R.C.S.E., L.S.A.L., has been reappointed a Medical Officer of Health for the Brecknock Rural Sanitary District, at £40 for one year.

YOUNG, J. de Courcy, L.R.C.P.Ed., L.F.P.S.G., has been appointed Honorary Consulting Surgeon to the Self-supporting Dispensary and Maternity, St. John's-place, Notting-hill.

YOUNG, Mr. W. H. F., has been appointed a Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton, vice Rich, whose appointment has expired.

Births, Marriages, and Deaths.

BIRTHS.

BAIRD.—On the 7th inst., at Tay View House, Perth, the wife of Dr. Alexander Baird, of a son.

BUTLER.—On the 12th inst., at Elm Croft, Westmeon, Hants, the wife of George William Butler, M.R.C.S.E., L.R.C.P.Ed., &c., of a daughter.

DUNLOP.—On the 11th inst., at St. Pancras Workhouse, the wife of W. M. Dunlop, M.B. &c., Resident Medical Officer, of a daughter.

LARKIN.—On the 11th inst., at Trinity-square, S.E., the wife of F. G. Larkin, M.R.C.S., of a son.

WORLEY.—On the 9th inst., at Brooke Lodge, de Beauvoir-road, the wife of William C. Worley, L.R.C.P.L., of a son.

WORTS.—On the 2nd inst., at Trinity-street, Colchester, the wife of Edwin Worts, L.R.C.P.L., of a son.

MARRIAGES.

BURMAN—THOMPSON.—On the 7th inst., at Bamburgh, by the Rev. W. Darnell, Charles Clark Burman, L.R.C.P.Ed. & L.R.C.S.Ed., of Bamburgh, to Isabella Maude, second daughter of the Rev. M. Thompson, of Lacker.

ROBERTSON—IRVINE.—On the 6th inst., at Churchtown, Lancashire, Robert Robertson, M.D., of Oxford-street, Liverpool, to Isabella Pearson, elder daughter of the late Dr. James Pearson Irvine, of Galgate, Lancashire.

DEATHS.

BARNES.—On the 10th inst., at Southport, Emma Frances, youngest daughter of the late John Barnes, J.P., of Reedley Hall, Burnley, and dearly-loved and affianced wife of John Arthur Irwin, M.A., M.D., aged 23.

BLOXAM.—On the 5th inst., at Mount-street, Grosvenor-square, William Bloxam, M.D., aged 48.

CHARLTON.—On the 5th inst., at Suffolk House, Hastings, Dr. Edward Charlton, aged 61.

CLAPP.—On the 4th inst., at Welbeck-street, William Clapp, M.R.C.S.E., aged 81.

FLOWERS.—On the 6th inst., at Southport, William Field Flowers, M.B., Oxon., only surviving son of the late Rev. Field Flowers, Vicar of Tealby, Lincolnshire, aged 35.

MACKINTOSH.—On the 8th inst., at Calstor, John Innes Mackintosh, M.D., aged 58.

PATERSON.—On the 2nd inst., at Graham-street, Airdrie, James Paterson, L.F.P.S.G., aged 67.

POWELL.—On the 9th inst., at Wandsworth-road, William Mark Powell, L.R.C.P.L., aged 63.

ROWLAND.—On the 5th inst., at Chadwick Mount, Everton Valley, Liverpool, William Rowland, M.R.C.S.E., aged 64.

SAINSBURY.—On the 4th inst., at Oldbury, Henry Sainsbury, L.F.P.S.G., aged 37.

TURNER.—On the 9th inst., at Gleadthorpe, Hornsey-rise, John Senior Turner, M.R.C.S.E. & L.S.A., late of Alfreton, Derby, in his 66th year.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

REMARKABLE SCARLET FEVER FATALITY.

IN the last Weekly Return of the Registrar-General a remarkable case of scarlet fever fatality in Sheffield is noted. Scarlet fever, which has been fatally prevalent in Sheffield for some months, caused 18 deaths within the borough last week, of which 4 occurred in one house in the Nether Hallam registration sub-district. The local registrar reports that 4 deaths from this disease were also recorded in the same house during 1876. If the borough had the advantage of the services of a medical officer of health at the present time, which we believe is not the case, it might be worth while to have the sanitary condition of this fatal house specially examined and reported upon. We have already commented upon the exceptional fatality of scarlet fever in Sheffield in recent years.

J. Reinyard.—Refer to the Students' Number of THE LANCET.

STRANGULATED UMBILICAL HERNIA.

To the Editor of THE LANCET.

SIR,—I think that the successful results of the operation for strangulated umbilical hernia are not so infrequent in their occurrence as is indicated by Mr. Sheaf in the current number of THE LANCET. Many years ago I assisted my late father in two operations of this kind occurring in elderly females, and some years subsequent one fell to my lot. All the cases did well, and there were no special features of interest calling for detail in the first two. In my own case, the patient, a man of seventy years of age, had at the time of the operation a severe cough, and a few hours afterwards, during a violent paroxysm, the bowel again protruded, necessitating the removal of the sutures and a second reduction. The incisions in each case were single and longitudinal, and the sacs opened. No antiseptic measures were employed.

I am, Sir, your obedient servant,

Malden, Nov. 4th, 1878. GEO. PARKER, M.D., &c

THE THAMES VALLEY DRAINAGE.

THE Thames Valley Main Drainage Board have lately held a meeting, at which the various plans of the engineers selected to compete were considered. That of Colonel Haywood, C.E., engineer and surveyor to the Commissioners of Sewers, appears at present to be preferred. But a serious objection to the site was raised at a meeting of one of the authorities in the neighbourhood some days ago. It is to the effect that the land chosen by Colonel Haywood was often flooded, and sometimes so seriously that, as an inevitable consequence, the sewage sent on the land would flow over the adjoining properties, and then find its way without let or hindrance into the Thames in as "natural" a state as at present. It will be necessary to answer this objection very decisively before a site is decided upon that in most respects appears desirable. No chemical treatment is proposed, so that we must assume that the separate system will be adopted wherever it can be made to fit in with the new arrangements; for the Thames is so close to most of the towns interested in this combination that the advantage of sending as much storm-water into it as possible is self-evident. The pollution of the rain-water cannot, as at Glasgow, be very extensive. Twickenham and Brentford, though actually on the edge of the river, and in the middle of the combination, still decline to give in their adhesion to the scheme.

Anticipation.—We cannot name a particular practitioner. Avoid quacks and advertisers. Consult the Medical Directory.

TWO CASES OF DIPHTHERIA.

To the Editor of THE LANCET.

SIR,—I think the following facts regarding two cases of diphtheria which occurred recently in my practice may be interesting to the profession.

The first was that of a child of four years, who had developed the disease at least three days before I saw her. The loud and laboured breathing at that stage was the first thing that alarmed the parents, who thought the child was suffering from a severe cold, from which a number of children in the same house (cousins of the little patient) were at the time suffering. Recognising the gravity of the case, I at once employed a strong solution of the perchloride of iron as a paint for the tonsils, and gave frequent doses internally, assisting the treatment with ice, emetics, and stimulants, and the constant use of vapour. The case, however, proved fatal in thirty-six hours from the time I first saw the child. Laryngotomy was considered by a brother practitioner, whom I called in consultation, and myself to be altogether useless from the extent of the disease in the larynx.

Next morning the younger brother of the child developed the disease, the membrane having extended over the greater part of the right tonsil and uvula. The brassy cough at once commenced violently, and an extraordinary somnolence began, from which the child could with difficulty be aroused. Without delay I used the iron, steam, ice, &c., as before, but added to that the frequent application in the form of spray of lime-water, as recommended by Aitken. Shortly after each application small portions of the membrane were coughed up, and, although the symptoms increased in severity for a time, complete recovery took place within eight days of the appearance of the membrane. On the third day the cough was very violent and the breathing uneasy.

The temperature reached in both cases was 104·6°, and the pulse reached 140 per minute. In the first case the pulse before death fell to 40 per minute. The cause of the disease, I have little doubt, was the presence of a closet without water. None of the cousins, though equally exposed, took the disease—a proof of its strong family affinities.

I am, Sir, yours truly,

High-street, Putney, Oct. 30th, 1878. ALEX. WALKER, M.B., &c.

Non-Medicus.—We are unwilling to appear discourteous; but it will be manifest that if we entered into a discussion as to how a supposed remedy acts, that would involve an admission that it is effective, which we have already denied; and we should be departing from the long-standing rule of THE LANCET, that it does not either directly or indirectly prescribe.

Student.—The last examination was on the 8th inst. The date of the next "pass" has not been announced, but may, no doubt, be ascertained on application at the College.

A HINT TO DISSECTORS.

To the Editor of THE LANCET.

SIR,—It often becomes necessary before the dissection of the orbit is undertaken to inflate a collapsed eyeball. The following method has now been tried in our dissecting-room for more than a year. It is a plan so simple in practice and so perfect in its results that I feel sure it only needs to be known to become generally adopted:—An oblique incision is made through the cornea with a sharp-pointed scalpel, large enough to allow a blow-pipe to pass through. The globe can now be readily distended, for the obliquely cut inner lip of the section becomes pressed like a valve against the outer wall, and shuts within the imprisoned air. The eyeball remains tense and firm. The air can be released if needs be through the blow-pipe, and the globe refilled so long as its walls remain moist.

I am, Sir, your obedient servant,

Dissecting-room, Middlesex Hospital, Nov. 4th, 1878. ARTHUR HENSMAN.

Medicine.—It is scarcely necessary to say that the name of the author of the pamphlet is not in the Medical Register. For an answer to the second question, a legally qualified practitioner should be consulted.

Mr. W. Iliffe.—Very shortly.

INDIAN MEDICAL SCHOOLS.

FROM a report to our Government it appears that there is a general increase of students at the Madras Medical College, and the progress was fairly satisfactory, though accompanied by serious drawbacks. The senior department comprised 28 students, several of whom, however, left without attempting to complete the course. The professors complain of the listlessness and ignorance displayed by the junior department generally. The Principal of the Nagpore School of Medicine, in reporting on its tenth session, refers very unfavourably to the general character of the students. They appear to be "a very unpromising set, deficient in ordinary education and ability, wanting in attention and capacity, and in many instances unwilling to work."

Tyrone.—Dickinson's, published by Longmans.

ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—When No. 4 of the Recommendations of the Committee of the Army Medical Department comes, as implied, under consideration, it will be found that the morning examination of prisoners at hospital, prior to their being told off by the commanding officer, has a good share in making medical officers "resident." The necessity of inspecting these delinquents is by no means apparent. Their offences are for the most part of a minor kind. As logically examine every man of the corps to see that he is fit for parade of a morning as him who has happened to be late for tattoo or roll-call, or even drank the night before; in fact, the practice is an anachronism now. But it is plausibly urged that it is to prevent men, after being told off, alleging sickness, getting into hospital to escape their punishment. This is very simply met by the fact that the examination *does not prevent* men doing this, and, again, that a very slight alteration of the present code could be easily effected so that punishment should *wait* on health. This examination dispensed with, a fertile source of friction between medical officers and the orderly-room would cease. I speak from a very long regimental experience. In some corps the hour for orderly-room varies constantly, and the doctor is kept on the *qui vive* to avoid delaying the routine there. In a hunting regiment the inspection is often made absurdly early. I do not mean that court-martial prisoners should not be examined. I speak only of those up for minor offences; and I am confident that the same calm judgment which directs so ably the department, and has earned our thorough gratitude for the position which he has won for us, will by-and-by propose to relegate this so-called inspection to the same limbo whither he has already despatched manuscript court-martial certificates.

I am, Sir, yours obediently,

India, October, 1878. EXPERIENCE.

J. C.—There is no royal way of making a start in medical practice. If building is going on all around, there is clearly an opening for another practitioner. To commence a dispensary, and "get it made generally well known," would not be a commendable course. It would have the appearance of an advertisement, and, indeed, would be an advertisement. A dispensary that belongs to a private practitioner cannot be advertised as institutions can that are governed by a committee. We advise our correspondent to trust to his own merits and the old-fashioned brass-plate.

Australia.—We must decline. Any registered practitioner could treat the case.

THE POSTAL MICROSCOPICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—With reference to Dr. Coomb's letter re the Postal Microscopical Society, I fear those of your readers who join it will be disappointed. The question of forming a special histological branch was under discussion for nearly two years, during which I was a member of the Society; but as I found that there were about fifty entomological slides circulated for every histological one, I gave it up. If Dr. Coombs felt inclined to renew an effort which he made some time ago to form a Histological Society on a postal basis in the profession, I, for one, should be most happy to join and do all I could to help him.

Faithfully yours,

Tewkesbury, Nov. 11th, 1878. E. C. BOUSFIELD, M.R.C.S.

Mr. Wheeler, (Darlington.)—The diseases and ages at death in combination were not published for England and Wales in the several Registrar-General's Annual Reports for the seven years 1848-54. This information was, however, afterwards published, and may be found by our correspondent on pages 156-175 of the Registrar-General's 18th Annual Report relating to the year 1855. Since 1856 each Annual Report gives this information year by year.

Æsculapius.—The coroner for Denbighshire needs no further vindication of his conduct.

IODOFORM.

To the Editor of THE LANCET.

SIR,—The interesting discussion at the Medical Society of London on ethylic caustics prompts me to add my experience at the Lock Hospital, under Mr. Berkeley Hill, of iodoform, which to phagedænic and sloughing sores acted as a positive sedative, equalling in its caustic effect nitric acid, nitrate of mercury, and Vienna paste. I have since used it in non-syphilitic cases with equally good results. More than one sample was rejected at the Lock Hospital because it irritated, probably containing alcohol. The odour is its only objection, on which account I have heard that it has been discontinued at the Soho Hospital for Women. I generally apply small crystals freely, but have used it also as an ointment to fissured anus.

Your constant reader,

Watton, Nov. 2nd, 1878. W. G. TILEY.

INTEMPERANCE IN THE INDIAN ARMY.

FROM a Blue-book on the Sanitary Measures in India, 1876-78, it appears that the statistics of intemperance among European soldiers were, on the whole, more favourable. The number of cases reported in Bengal, which in 1874 was 10,998, fell in the two succeeding years to 8926 and 7136; but the number of total abstainers was 20 per cent. less in 1876 than in 1875. In Bombay, with an improvement, though slight, in regard to drunkenness, there was an increase of 22 per cent. in the number of abstainers. In Madras, on the other hand, there was an increase of over 40 per cent. in the number of abstainers. The Army Sanitary Commission consider that 204 out of the total number of 886 deaths in the whole of the European army must be ascribed directly or indirectly to the effect of intemperate habits.

L.K.Q.C.P.I.—We have no knowledge of the paper cited. The inquiry should be addressed privately to the author of the contribution in which the quotation occurs.

THE BOARDING-OUT SYSTEM.

To the Editor of THE LANCET.

SIR,—The promoters of the boarding-out system are deeply obliged to you for your frequent and warm advocacy of the cause they have so much at heart.

As I have now been eight years connected with the management of children in an official capacity, I can give you some information concerning their average health, which may not be uninteresting to your readers. We had placed out from Birmingham Workhouse 128 children by June 30th, 1878, to which date our accounts are fully made up. 71 of those children, whose residence in boarding-out homes averages three years per child, have not required medical assistance at all; 17 more, being placed within Birmingham parish, have been attended by the parish doctors, or have been received into the hospitals of the town, when they required medical attendance, and we have therefore no record of the medical expenditure upon them. The remaining 40, whose average residence in their homes has been three years and ten months, have cost in the aggregate £57 1s. 7*d.* for medical attendance, medicines, and extra nourishment—£1 8s. 9*d.* per head, or about 7s. per annum. Of this, £14 13s. 3*d.*, about one-quarter of the whole, was spent on three cases: two of ophthalmic disease, which in one case was a recurrent attack, and not the first the child had suffered from. This, I believe, was also the dictum of the doctor in the other case. The third was a case of rickets, from which the child was suffering when he was boarded out. Treatment successful in all three. I ought to add that in one or two of the 40 cases help was also received from the hospitals of the town. We have lost one child (in September, 1876) by death from heart disease, and another from inflammation of the brain in January, 1878.

Your obedient servant,

JOANNA M. HILL,
Hon. Sec. to the Certified Boarding-out Committee
November, 1878. for Birmingham Parish.

A Subscriber.—The answer to the question will be found by reference to the Students' Number of THE LANCET. We have no more precise knowledge of the requirements than those given; but the course to follow will be sufficiently evident.

Mr. Wood Hill.—The communication has not been overlooked, but will appear as soon as possible.

CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—Having suffered from the unwillingness of a coroner to grant fees under circumstances similar to those mentioned by Mr. Recklitt, and not being satisfied as to the right, I wrote to Mr. Whitbread, M.P., and he was good enough to say that he would make inquiries, and try to have the matter set right if it were wrong. It is not improbable, therefore, that if he were asked to present a petition from resident medical officers, setting forth their grievances, he would be willing to bring the matter forward in Parliament if necessary, and at all events let us have the satisfaction of having the matter decided one way or the other.

I am, Sir, faithfully yours,
Nov. 11th, 1878. AN EX-RESIDENT M.O.

Chemicus, (Dublin.)—Yes. It has been reported, we are not aware upon what authority, that M. Dumas has announced the discovery, by Mr. Norman Lockyer, that some at least of the "elements," hitherto so regarded, are not simples, but compounds.

L.R.C.P.—The morbid condition referred to is commonly attributed to intercostal neuralgia.

Mr. F. G. Walker.—We are not aware. The feat has been performed, but the experiment terminated fatally.

C. J. P.—The practice of medicine is, according to the old formula, an art and mystery.

Mr. Wm. Lee.—We do not know the address.

A CASE OF DIPLOPIA FOLLOWING OPERATION FOR STRABISMUS.

To the Editor of THE LANCET.

SIR,—Can any of your readers kindly inform me what is the best means to pursue in the following case?

A girl, aged eleven years, suffered from convergent strabismus of both eyes. I operated on them some four months since, with the result of making the eyes perfectly symmetrical; but unfortunately the patient has seen everything double since.

Yours faithfully,
Wincanton, Nov. 12th, 1878. R. B. WYBRANTS.

Mr. C. Percy.—We recently (Oct. 19th, p. 558) explained the principles which ought to govern the ventilation of sleeping apartments. A draught should be avoided, and at seasons of the year when great and sudden changes are likely to occur in the night, it may be expedient to use some kind of ventilating screen, which, as we suggested, may take the form of a piece of double gauze or thin flannel stretched over the opening; but, as a rule, it is well to have the window-sash drawn down one or two inches throughout the year.

Vigornienis.—Consult a hospital surgeon, who may be selected on reference to the Medical Directory.

"FOREIGN BODIES IN THE AIR-PASSAGES."

To the Editor of THE LANCET.

SIR,—A lecture by Dr. Johnson has recently appeared in THE LANCET, on "Foreign Bodies in the Air-passages," in which the oft-quoted case of Mr. Brunel, and the attempt to cause the expulsion of a coin from his bronchus by inverting his body, has again been referred to. The plan adopted was to "strap the patient in the prone position on a platform, made movable on a hinge in the centre. On lowering the head, the cough and sense of choking were so alarming that the experiment was not persisted in." This plan of carrying out the manœuvre in question involves, I think, two errors. Firstly, the aperture of the glottis being triangular (or nearly so) with the apex forward, the coin in the prone position of the body would gravitate towards this, the narrowest part of the opening, and would therefore have less easy exit. Secondly, strapping the patient to a platform would, if the coin or other substance failed to be at once expelled when the body was inverted, effectually prevent him by his own instinctive effort from instantly assuming the upright position, and, by thus causing the coin to fall back into the bronchus, putting an end to the spasm of the glottis and the alarming symptoms consequent upon it. In a paper on this subject published in the *British Medical Journal* for 1861, I have mentioned the case (referred to in Erichsen's Surgery) of a man who came to my house with a sixpence in his bronchus. A strong bench having been fixed, with the legs of one end on a couch and the others on the floor, the patient was made to sit upon the upper part of it with his knees flexed over the end. He was then directed to lie back upon the inclined plane thus formed, and, having done so, instantly raised himself up with the sixpence in his mouth. The supine position probably favoured the exit of the coin, and the readiness with which, by his own effort, the knees acting as a fulcrum, he regained the upright position would have saved him from the danger of spasm in the event of its non-expulsion. If by this proceeding an opening in the trachea or larynx could be safely avoided, it would, of course, be a great desideratum, and it should, I think, be at first attempted in the case of coins and similar bodies (and perhaps in these only) whose weight and shape would favour their escape through the glottis, and would render them but little liable to become impacted and retained in the larynx. Some eminent authorities have denounced the practice as dangerous; but the danger has, I think, depended upon the mode in which it has been carried out.

In the same paper I have given the details of the case of a boy about nine years old, of healthy family, in whom there were all the symptoms of a large vomica deep down in the right lung (as low as the inferior angle of the scapula). During a fit of laughter he brought up a large quantity of purulent fluid, and with it a bulged piece of a japanned metallic penholder about an inch long, which had been bitten off and had passed into the bronchi about five months before; but, as it was supposed to have been swallowed, nothing was said about it. The origin of the vomica thus remained for many weeks a mystery. The patient gradually recovered perfectly, and became a strong stalwart man on the staff of the South Wales Railway.

I am, Sir, yours obediently,
Swansea, Nov. 5th, 1878. GEORGE PADLEY.

To the Editor of THE LANCET.

SIR,—In the able lecture of Dr. George Johnson in your impression of October 19th, on "Foreign Bodies in the Air-passages," and under the heading Diagnosis, the symptoms which usually arise from a foreign body passing into the bronchus are described, but no mention is made of its causing *immediate death*. That this can happen, the following case, which occurred in my practice lately, will show.

I was called up in the middle of the night of Oct. 7th to see a child, four years old, who I was told had died suddenly with symptoms of croup. Understanding the child to be quite dead, I waited till daylight, and then visited the house, and was given the following history:—The child had eaten plum-pudding to dinner, and had kept the stones, and put them in her pocket to play with. She went out, and put one in her mouth and swallowed it, or attempted to, but it evidently nearly passed into the trachea, as she coughed violently and went black in the face; but a woman seeing this struck her violently between the shoulders, which had the effect of knocking the plum-stone out of her mouth. She seemed to go on all right for the rest of that day till twelve o'clock at night, excepting that she had a kind of croupy breathing. She suddenly rose up in bed, and was sick, black in the face, and could not breathe. Her mother gave her some kind of preparation of "turkey fat," which she had in the house for rubbing the children's chests and for sore-throats; but she died without ever seeming to recover her breath. Of course I could not certify the cause of death, and so was ordered by the coroner to make a post-mortem, which I did on the following morning, and found a plum-stone in the right bronchus.

My idea is that the child had first swallowed the stone into the stomach, and at twelve o'clock became sick, and during a violent retching and inspiration the stone passed down the trachea into the bronchus. My reasons for so believing are that I found *several* stones in the stomach, which had not been ejected, and that death took place so quickly (in one minute or so) during the act of being sick, and when it was likely a stone might have passed into the trachea.

Yours faithfully,
Congleton, November, 1878. JAMES T. W. BAIRD.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following were the questions on Anatomy and Physiology submitted to the candidates (thirty-nine in number) at the primary examination for the diploma of Member of the Royal College of Surgeons of England on the 1st inst., when they were required to answer at least four (including one of the first two) out of the six questions:—

1. Describe the minute anatomy of a Peyer's patch, and contrast the structure of the small and large intestine.
2. What is the average amount of fluid required by the body daily? Mention the chief circumstances by which the demand for it may be modified; the several channels by which fluid is eliminated, and the conditions which may lead to variation in the amount discharged by each channel.
3. Describe the occipito-atlantal joint, and all the ligaments which unite the skull to the vertebral column.
4. Describe the dissection required to expose the transversalis abdominis and the fasciæ connected with it.
5. Give the dissection required to expose the radial artery from the styloid process to its termination.
6. Describe the fornix and its relations.

420.—A careful perusal of our correspondent's letter has failed to change our opinion of his case. We recommend him to wait patiently till the new Warrant is published, when he will be better able to decide what course it would be most advantageous for him to adopt.

Mr. H. Jagee.—Next week.

INFECTIOUS DISEASE HOSPITALS: FEES.

To the Editor of THE LANCET.

SIR,—Will any of your correspondents kindly say in what way medical officers are paid for attendance on patients in a hospital for contagious and infectious diseases, and oblige, Yours truly,

Nov. 2nd, 1878. J. B. R.

ERRATUM.—The name of the gentleman who kindly supplied us with notes of the case of unusually high temperature at the Metropolitan Free Hospital was misprinted in our last number. It should have been Mr. W. S. Byrne, not "Bryne."

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. J. Adams, London; Mr. Berkeley Hill; Dr. C. H. Jones, London; Mr. Teevan; Mr. S. M. Bradley; Dr. Cobbold; Dr. Irvine; Messrs. Walton and Co., London; Mr. C. Percy, London; Mr. Reinach, Bradford; Dr. Mansell, Bath; Dr. Tibbits, London; Mr. Barrow, Ryde; Dr. Hull, New York; Mr. W. Hill, London; Dr. Shapter, Exeter; Mr. Smith, Bangkok; Mr. Taylorson, Whitby; Mr. Mackay, Edinburgh; Mr. S. Murphy, London; Dr. Taylor, Nottingham; Dr. De la Cour, London; Mr. Wheeler, Darlington; Mr. Cousins, Southsea; Mr. Massingham, London; Dr. Dolan, Halifax; Mr. Creagh, Lugan, Buenos Ayres; Mr. May, Maldon; Dr. Flinn, Walsall; Dr. Evans, Cardiff; Dr. Caddy, London; Mr. Byrne, London; Dr. M'Dowall, Newcastle-on-Tyne; Dr. More, Rothwell; Mr. Harding, Ancaster; Dr. Craigie, London; Mr. Fox, Bristol; Dr. Dalton, Winsley; Dr. Thompson, Leamington; Mr. Cantlie, London; Mr. Berry, Ramsgate; Mr. Coutts, Aberdeen; Dr. Sheen, Cardiff; Mr. Iliffe, Kendall; Mr. W. P. Tritton, London; Messrs. C. Wright and Co., London; Messrs. Benson and Son, London; Dr. Diver, Kenley; Mr. Barry, London; Mr. Morgan; Dr. Lyle; Mr. Benson; Mr. Keith; Mr. Wilson; Dr. Vincent; Mr. J. B. Barnes; Dr. Padley, Swansea; Mr. Breach; Mr. Lee; Mr. Scott; Dr. Dowse; Mr. Townshend; Mr. Rees, Notting-hill; Mr. Nicholls; Mr. Brown; Mr. Merryweather; Mr. Spearing, Ballymoney; Mr. Teale, Leeds; Mr. Down; Dr. Owens, Long Stratton; Dr. Wybrants, Wincanton; Dr. Fisher, Chelsea; Dr. Rusta, Padua; Mr. Bryant; Dr. Pownall; Dr. Hunt; Dr. Tatham; Messrs. M'Evory and Gayton; Mr. Mordan; Dr. Prosser James; Mr. Shortridge, Honiton; Dr. Jennings, Hull; Mr. Bousfield, Tewkesbury; Mr. Parker; Dr. M'Clure, Worle; A. K.; The Registrar-General of Births &c.; An ex-Dresser of Mr. Lister's; Australia; Experience; Student; A Subscriber; Correspondent 490; B. A.; A Reviewed One; Vigorniensis; Wretched; Unknown; M.D.; J. Q. S.; Surgeon-Major; Forceps; Senex; C. D., Bath; Medicine; J. W. S.; C. J. W., Leeds; C. M., Portmadoc; The Registrar-General of Edinburgh; Cosmos; The Medical and Physical Society; Omega; Dum Spiro Spero; The Harveian Society of London; B., Dublin; B. W., Wolverhampton; An ex-Resident M.O.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Morris, Birmingham; Mr. Twiss, London; Mr. Langston, Grantham; Dr. MacCulloch, Guernsey; Mr. Prestwich, Oldham; Mr. Smith, York; Mr. Clitherow, Horncastle; Mrs. Turner, Hornsey; Dr. Teddington; Dr. Griffiths; Dr. De la Mothe, Southampton; Dr. Edwards, Cardiff; Mr. Binks, Wakefield; Dr. Butler, Petersfield; Mr. Marston; M. R.; R. G. T., Arcachon; Medicus, Exeter; Dentist; Medicus, Walton; F. E. M.; Medicus, Bas Grennow; J. P. K., Dundee; J. L., Banbury; H. J. F.; Delta; J. P. L.; Lambda; Veritas; C. E. B.; X., Woolwich; Fides; C. D., Mile-end; Surgeon; A. B.; Delta; F. F., Oldham; Medicus, Dublin; Alpha, Westbury; Medicus, Lewes; Assistant, Dover; A. D.; W. D., Hereford; Beta, Oldbury; L. R. C. S., Poole; Septimus; E. R. F., Croydon; J. G. B.; X.; Dissecter; Faulkners; A. H. Y.; Medicus.

Pontypridd District Herald, Western Mail, Loughborough Monitor, Keene's Bath Journal, Hastings Observer, Plumber, Newcastle Daily Chronicle, Bradford Observer, &c., have been received.

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 14th, 1878.

Date.	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb	Dry Bulb	Solar Radia in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Remarks at 8 A.M.
Nov. 8	29·49	W S W	42	45	..	46	35	..	Raining
,, 9	30·13	N.	34	37	..	50	33	0·13	Hazy
,, 10	29·62	W.	48	49	..	52	35	0·43	Raining
,, 11	29·48	N.W.	40	42	..	45	28	0·26	Overcast
,, 12	29·43	W.	33	35	..	41	32	0·02	Hazy
,, 13	29·41	N.E.	35	38	..	45	32	..	Overcast
,, 14	29·48	N.E.	38	40	..	46	36	0·07	Overcast

Medical Diary for the ensuing Week.

Monday, Nov. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. — Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Mr. Owen, "On the Application of Rigid Jackets in the Treatment of Antero-posterior Curvature of the Spine." — Dr. Douglas Powell will exhibit a Schema of the Chest, designed to show the Mechanical Condition present in Health and in some Diseases.

Tuesday, Nov. 19.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following Specimens will be shown:—Gangrene of the Penis from Thrombosis; Aortic Aneurism rupturing externally; Abdominal Aneurism causing Death by Uræmia; Dermoid Cyst of the Brain; An unusual form of Pneumonia; Primary Cancer of Supra-renal Capsule, with secondary growth in the Lung; Lung containing Gummata and Tubercle; Disease of the Hair lately described as "Piedra"; Hæmorrhage into the Pons Varolii; Unilateral Cancer.

Wednesday, Nov. 20.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL. — Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at 1 P.M.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M., and on Saturday at the same hour.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN. — Operations, 2½ P.M.
ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—8½ P.M. Mr. Richard Davy: "Three Clinical Cases illustrating Disease of the Malar, Superior and Inferior Maxillary Bones."

Thursday, Nov. 21.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 2 P.M., and on Friday at the same hour.
HARVEIAN SOCIETY. — 8½ P.M. Dr. Farquharson, "On the Treatment of Incontinence of Urine." — Dr. Morton, "On the Mortality referable to Alcohol."

Friday, Nov. 22.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Sir James Paget, "On a Case in which Watery Fluid drops from a Nostril." — Dr. Williams, "On Bronchiectasis and Localised Emphysema treated by Tapping."—Dr. Whipham, "On a Case of Perforation of the Appendix Cæci."—Mr. Bryant, "On a Case of Talipes Varus treated by the Removal of a Wedge of Bone from the Tarsus" (living specimen).

Saturday, Nov. 23.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

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